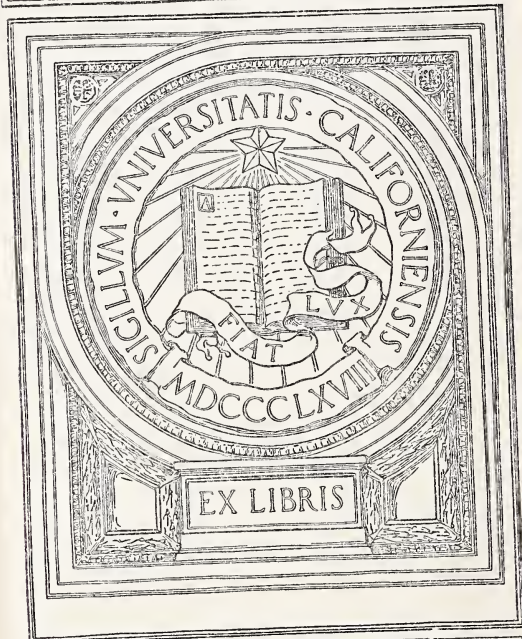


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Articles are, in many instances, listed in this index under more than one head. All Original Articles are listed under the heading "Original Articles" with the author's name. Marriages, Deaths, Medico-Legal Items, Therapeutic Notes, Special War Items, Hospitals and Hospital Items, will be found under those respective headings. Reports of County Societies and local organizations, as well as those of State and National, will be found under Societies. Editorials in our Journal, Editorials from Other Medical Journals, Editorials from the Lay Press will be found under those respective headings. The abbreviations are as follows: (O), Original Articles; (C), Correspondence; (C. R.), Clinical Reports; (D), Discussions; (E), Editorials.

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UTERINE MYOMATA

Abdominal Hysterectomy Complete and Incomplete.

BY J. SAMUEL STAGE, M. D.,
Newark, N. J.

The subject of uterine myomata is one very often discussed, but as I have a myomatous uterus, from a recent case, to show you, which has been of considerable interest to me, and, perhaps, will be of interest to some of you, I therefore am going to ask your indulgence again for a few minutes on this topic.

By rehearsing the location, some of the symptoms and complications of these growths, it makes us a little more alert in our diagnosis of this symmetrical submucous variety of myomata or myofibromatas, especially where they resemble pregnancy, as did the case which I operated on August 24th, 1917, the myoma distending the whole body of the uterus symmetrically, the history of which I will presently report.

This submucous variety of myomata which has just been spoken of, the growth of which is toward the cavity of the uterus, under its mucous coat with a broad or sessile base is the one most likely to lead us astray in our diagnosis. It is very difficult to diagnose during the child-bearing period, sometimes impossible, except as time goes on in which the myomatous uterus enlarges slowly, and the pregnant one more rapidly. We look for our various signs of pregnancy; softening of the cervix, fluctuation, ballotment, outline of the foetal parts, absence of menses, etc., and still we may be in doubt, as the two may be combined. If there is hemorrhage it may be due to a myoma, or placenta previa, therefore this

variety sometimes gives us a difficult task.

In the subserous or subperitoneal type the growth is toward the peritoneal cavity, under the peritoneum, and is more likely to produce an irregular or nodular outline to the uterus, or it may become pedunculated; the uterus grows with the tumor and the cavity becomes larger, but menstrual irregularities are less likely to occur; at times they may become quite sensitive owing to accompanying peritonitis.

The interstitial variety beginning in the muscle wall has a tendency to work its way outward or inward, so as to pass into one of the other varieties.

The treatment and operations that have been promulgated for the alleviation or cure of these growths are many, and we have to be governed by the kind of tumor or growth we have to deal with, and our choice of methods in applying our treatment, or doing our operation, should be in accordance with the expediency of the case, and our previous individual success attained.

When it becomes necessary to remove a myomatous uterus by abdominal hysterectomy, complete or incomplete, certain conditions and complications determine the operation of choice, although we must admit that hysterectomy complete is and has been for some time the preferable one, except where such complications as aortic or mitral insufficiency due to hypertrophy of the left ventricle occur, which in turn is the result of the increased strain upon this part of the heart, due to the enormous size some of these tumors attain, and as a sequel to it nephritis may develop, menorrhagia and metrorrhagia resulting in a severe secondary anæmia, or something else may produce such a lowered vitality of the patient that she should not be kept under anæsthesia one minute longer than is necessary to do the operation by the quickest possible method, and incomplete hysterectomy is more quickly and more easily done than total

*Read before the Morristown Medical Club,
November 28, 1917.

hysterectomy, in other words, panhysterectomy.

Therefore, if the cervix is perfectly healthy and free from erosions, etc., I think we are justified in leaving it, if the saving of time will save the patient's life, even though it is functionless and might be the seat of trouble later on by becoming carcinomatous, or the source of a troublesome discharge; at any rate the risk is worth while.

The case that I have to report to you tonight is that of Mrs. M., age 44, weight 178 pounds, very chlorotic in appearance. Family history: Family consisted of mother, father and one sister. Mother died of heart disease at the age of 26; father after being operated for an infected toe; sister died of Bright's disease at the age of 35.

Personal history—married, husband living and well, age 50; five children, four living and well, one died in infancy; has had several miscarriages, has otherwise always enjoyed good health until April 1915.

September 14, 1915 she came under my care with the following symptoms: shortness of breath for about six months, always worse at her menstrual periods; swelling of the feet and ankles which pitted on pressure; had always had a good appetite and was a big meat eater. She had been under treatment in San Francisco from which place they had moved.

Physical examination showed a blowing murmur at the base of the heart over the aortic area on the right side. Urine, specific gravity 1020, albumin traces, no sugar. Temperature and pulse normal; blood pressure 80-70-150. She complained of no pelvic disorder except her menses were somewhat irregular. She was given a mixture of nitroglycerin, sweet spirits of nitre and citrate of potash. She returned September 14, four days later, saying she felt very much better, but was still somewhat short of breath; B. P. was 80-50-130, where it has remained, swelling of the feet and the urine analysis the same.

This treatment was continued until Oct. 20, 1915, at which time she was given Basham's mixture, which she continued to take off and on until June 20, 1916, when she came to me complaining of uterine hemorrhage, passing large clots of blood, and was getting very short of breath again; the temperature was 99 2-5, pulse 90, and she had a very marked greenish yellow appearance.

I told her a vaginal examination was necessary; that it was possible she might have a uterine tumor; she refused saying that she had always been well there, and that it

might be another miscarriage, but if she did not get better she would have an examination later. I gave her some capsules containing ergot.

She returned June 27, 1916, stating that the hemorrhage had ceased, but she was still so short of breath. Temperature was 99 2-5, pulse 90. I spoke of examining her at this time; her reply was that she had no pain, and did not think it was necessary, and no examination was made. Then I gave her liq. hemabalaoids arseniated with strychnine and continued it for four weeks, but she felt that the the red mixture which she had taken so much of before did her the most good, so I prescribed Basham's mixture again, which she took quite constantly up to August 18, 1917. From June 27, 1916, until this date there was no complaint except her shortness of breath.

At about 12 P. M. August 18, 1917, her husband called me stating that his wife had very severe cramps in her legs. When I arrived she seemed to be doing an Irish jig around the dining room in her night dress, and was slapping her legs; she was suffering much pain which she said had awakened her. She had no diarrhoea, nothing she had eaten seemed to have caused the pain, and she said she felt as usual except for the cramps. She had been menstruating for three or four days, but there was no abdominal distress. I left something to relieve her, but could not account for her discomfort, and told her husband to let me know early in the morning if she was no better. As the following day was Sunday and I was going away for the day, he came to the office in the morning saying that she was better, and that he would call me Monday if she was not all right.

Monday he called me again as she was then suffering from abdominal pain also; was expelling large clots of blood per vagina and had extreme sensitiveness and pain in both heels, so that merely touching them caused her to scream. I questioned her about her menstrual periods, and she said she had been very irregular for some months back, and that they had been scanty, sometimes hardly enough to soil a napkin, but she would be sick every few days sometimes. I told her there must be some uterine trouble, and made a pelvic examination which she had refused heretofore, not for any particular reason, but because she could see no necessity for it. I discovered a growth so large and so symmetrical in outline that the question of pregnancy arose; however, this cleared up the cause of her

pain which was due to the pressure of the tumor on the sacral nerves.

Further questioning revealed that she had noticed that her abdomen seemed larger, that she and her husband had placed their hands over her abdomen, and thought they felt movements at times, therefore I told them that it might be a placenta previa or a myoma complicating pregnancy, as in either case those menstrual irregularities might occur. There was no dilatation of the cervix, and none of the typical signs of pregnancy were present, except the enlargement and the movements that they had at times felt which left me in doubt. Her vagina was packed tightly with cotton to control the hemorrhage, with instructions to call me if necessary.

The following day the cotton was removed, and she was again examined. The cervix was still undilated and I had her removed to St. James Hospital, and a day or two later did an incomplete abdominal hysterectomy, in other words a supravaginal amputation instead of a complete hysterectomy, as her cervix was perfectly healthy, and her condition at the time of the operation had become quite serious owing to the loss of blood, and her heart and kidney trouble.

Her convalescence was uninterrupted, the stitches were removed on the 10th day; she returned home September 15, 1917, three weeks later.

At the present time the urine shows no albumin; her aortic insufficiency is still present, but somewhat better; she no longer complains of shortness of breath; her color is good and she says she feels better than she has for years.

ACUTE ENDOCARDITIS.*

THREE CASES OF ENDOCARDITIS IN YOUNG GIRLS DEVELOPING IN THE SAME HOUSE.

BY HYMAN I. GOLDSTEIN, M. D.,
Camden, N. J.

I wish to report two cases of endocarditis occurring in two young girls, sisters, and the only two children in the family, and also to bring out a few facts as to treatment.

Both girls had attacks of tonsillitis, chorea, rheumatism and resulting cardiac trouble as a sequel—both patients had two attacks of acute endocardial inflammation, followed by cardiac decompensation, with kidney breakdown. Both girls had not be-

gun to menstruate, although $14\frac{1}{2}$ years of age. The attacks in both cases came on when they reached the same age. The older girl died several years ago, and the younger one has just gone through a severe second attack of acute endocarditis and is now suffering from a marked enlargement of the heart—one of the largest hearts I have ever seen in a child—cardiac decompensation and parenchymatous nephritis with general anasarca.

This child was treated by me, for the first attack of acute endocarditis, January, 1916, when 12 years old. The child complained of pain in ankles and shoulder joints and had a sore throat; temperature $101\frac{3}{4}^{\circ}$. Pulse 120. A few days later, patient had a chill, and was very sick for three or four days. She then felt better, but on January 28th, patient complained of pain over the heart and again had a sore throat. On February 2nd the left shoulder and later the right shoulder became inflamed. The temperature varied from $100-102+^{\circ}$ and patient had a slight cough.

Urine—no casts; no albumin; urea 1.5%. Negative.

Loud, widely transmitted murmur heard best over apex. Apex beat in nipple line.

February 12, slight cough, worse at night. Pulse 120. February 20, presystolic and systolic thrill felt. Mitral stenosis and regurgitation. Presence of pericarditis, recognized by the pain and friction rub. Lungs and liver normal. Some anemia. Heart dullness slightly increased.

The treatment of this first attack of endocarditis consisted of an iron tonic pill; blisters over heart; the use of the ice bag and absolute rest in bed for about 8 weeks. She received no digitalis at all.

Previous History: Measles (German) at 2 years. Measles at 4 years, severe attack. She had a slight attack of chorea years ago. Tonsillitis several times and rheumatism. No scarlet fever. Had chicken pox. Normal delivery. Had one sister who had two attacks endocardial inflammation; first attack (4 weeks) at 10 years old. Last attack when $14\frac{1}{2}$ years old, sick about $3\frac{1}{2}$ weeks. Had measles, few attacks tonsillitis. No menstruation. She had chorea, and mitral regurgitation, with loud systolic murmur.

Mother had several miscarriages and a stillborn at term; Wassermann, father and mother, negative.

The patient was all right and able to be at my office in April, 1916, several times. During this interval the tonsils were removed and several tooth cavities (molars) filled.

*Read before the Camden City Medical Society, December 4, 1917.

She continued all right until May 18th, 1916, when she had pains in ankles and knees, and on May 24th finger-joints were involved also. She was feeling much better on June 5th. Was in Atlantic City all summer (1916) and felt "all right."

On July 30, 1917, I was called to Atlantic City to see the patient. I learned that she had been sick for 3 or 4 days and had had a temperature of 103° . Pain over heart, rapid respiration and pulse.

August 8, 1917. Blood: No distorted R. B. C., R. B. C. 3,500,000; W. B. C., 13,000; Hb., 65%; color index, 0.9%. differential: Polys., 79%; lymph., 19; large mono, 1%; transitional, 1. Urine: Few hyaline casts, short, medium width, pale hyaline; trace of albumin, excessive indican, urea 2.8%, no R. B. C., S. G. 1.029.

I gave her pills, each containing:

Ferrous carbonate, gr. iii.

Ext. gentian, gr. i

Arsenate soda, gr. $1/40$.

To be taken one t. i. d.

A bacteriological examination of the blood could not be made in this case. The cultures from the throat showed streptococci and staphylococci. The Widal Reaction was negative.

Rest in bed. Ice bag. Iron tonic pill. Blisters. No digitalis had at this time been given, and no edema had appeared at any time so far.

September 23rd, slight edema of ankles was noticed for the first time. She had some pains in middle joints of several fingers and in one knee. I prescribed:

Ferrous sulphat, gr. iii.

Arsenate soda, gr. $1/40$.

Ext. genitan, gr. i.

Quin. bisulphat, gr. $1/2$.

One pill t. i. d.

Blisters seemed to relieve pain and ease respiration. When the temperature came down, she was given digipuratum $1/2$ tablet, night and morning. For the anemia, we tried a few doses hypodermatically, iron and ammonium citrate.

When the urine began to diminish in quantity, she received 5 grain doses diuretin (theobromin sodium-salicylate) with $1/4-1/2$ grain pulvis scillæ in capsule. After 2 days' administration of this treatment, namely, at first digipuratum and then diuretin with pulvis scillæ, the edema was relieved and there was increased flow of urine.

On two different occasions, when the edema had appeared, were we successful with the above treatment. Later, she became very dropsical and during this third

"spell" this treatment was tried, but without success. Finally, patient became very bad. We were dealing, of course, with a decompensated heart during the two previous occurrences of the edema of legs, but now was superadded a parenchymatous nephritis of severe type. Citrate of potash, and acetate of potash, Basham's mixture, digipuratum—all failed. I may state that the heart was working at its maximum, and to my mind the heart was doing all that could be expected of it. The heart was markedly enlarged, and the patient was absolutely unable to lie down (orthopnea), and she had been sitting up for the past few weeks, owing to the greatly enlarged heart—the curvature of the spine brought about by her position allowed for this enlargement, the antero-posterior diameter being larger in this position.

I used the Southey tubes, and drew off $1\frac{1}{2}$ quarts of fluid in 24 hours or less. I also made multiple incisions in the thighs and legs, and applied warm moist dressings and hot water bottles. She was given caffeine-sodium benzoat, gr. i, hypodermatically, and theocin, gr. ii, by mouth, was tried, but had to be stopped at the end of 48 hours because of stomach disturbance—nausea and vomiting. Agurin (theocin sodium acetate soluble), gr. v., was then tried with good results. To this was added hot wet pack, the hot dry pack being ineffectual.

An interesting fact noted was that: Urine specimens taken before a hot pack, during hot pack, and after the hot pack, showed wide variations, as did also T. P. R. There was an increase (500%) in the number of casts thrown out, and an increase in the amount of indican.

Of course, all these theobromin, theophyllin, and caffeine containing drugs after a while caused restlessness and increase of the insomnia already present. So that it was advisable to continue these remedies only for a few days at a time. After the desired results were obtained, she was given a mixture containing:

Citrate of potash, gr. v.

Potassium acetate, gr. v.

Freshly prepared infusion digitalis, U. S. P., $3i$.

During the marked failure of cardiac compensation, she seemed to take the digipuratum tablets much better than any other digitalis preparation. The blood pressure on auscultation over arm was 115-120 systolic; diastolic varied from 40 to 0. The diastolic P. over the leg was 30 to 40 points higher.

November 8th: Urine: Over 50,000 casts to ounce; 32% by volume albumin; S. G., 1.036; much urates. Only voided six ounces or thereabouts on this date. Drv, brown, leathery tongue. November 20th: Voided 31 ounces from 8 A. M. to 10 P. M. Urine: Albumin, casts and heavy cloud; many hyaline, leucocytic and granulated casts. Indican, decided. Urea, 3%. S. G., 1.027.

During this critical period, the heart was doing its share of work and did not appear to be the chief offender. We were now dealing with a marked nephritic complication. On account of nausea and the tendency of caffeine to irritate the stomach, caffeine sodium benzoate or salicylate can be given hypodermatically — preferably the former (as the salicylate may be depressing to heart), or per rectum. Experience has shown that when the kidney has lost its ability to eliminate water, it has also lost its power to respond to diuretics; therefore, the results of our efforts with the ordinary forms of treatment are often of no avail, and the only recourse to obtain even only a temporary improvement, is by a combination of methods of treatment. Finally and eventually, of course, nothings helps.

Dropsy is occasionally very variable in its response to treatment, and at times after the patient has been very dropsical for weeks, the urine may suddenly begin to flow and the patient make a recovery. It may be because of such tendency of dropsy to suddenly disappear with the coincident administration of some drug, that some wonderful results are attributed to this or that particular drug or treatment.

My notes as to her cardiac condition show that her cardiac impulse is very diffuse, occupying the anterior left chest. Her heart dullness is from inside the right nipple, an inch and a half to the right of the sternum to the midaxillary line, and from the lower border of second rib down to liver dullness, the apex beat being best felt and seen a little outside the midaxillary line. Over this area the cardiac impulse is very distinctly seen. On auscultation the heart sounds are rather rapid, there is a distinctly mitral murmur. No distinct friction and no Broadbent sign present.

There is some pulsation of the vessels of her lip, and some regurgitation into the anterior jugular. The liver was felt about 3 fingers' breadth below the ribs. No Corrigan waterhammer pulse is present. It is very difficult to decide, as one may be very easily mistaken in a heart of this sort, as to the actual valvular condition. I feel reason-

ably certain, however, that there is a mitral regurgitation and a mitral stenosis. There is probably no fluid present because of the prominence of the heart's action, and because there is *no dullness posteriorly*. If there was liquid, the heart would have to be adherent to the pericardium anteriorly—adhesive pericarditis—and there would then be dullness posteriorly on account of the fluid. The tremendous size of her heart could be due to mitral stenosis with the consequent dilatation of the right heart, but, if the area of cardiac dullness were due to a dominant mitral stenosis (alone), then it would be accounted for only by a right-sided dilatation, the heart lying directly across the chest with the right auricle on the right and the right ventricle on the left. The left auricle and left ventricle would be posteriorly, and would not be felt and seen (atrophy). Dr. M. Howard Fussell of the University of Pennsylvania reported such a case (which he autopsied) in the *International Clinics*, and which he briefly referred to in his textbook on page 425. However, the apex beat is sharp and forcible, and the impulse is very strong in the sixth interspace outside the midaxillary line, and certainly, seems to me to be due to a left ventricular enlargement.

On auscultation a loud systolic murmur is heard over the heart, loudest at the apex, but audible elsewhere, even in the back. At the tricuspid orifice the systolic murmur is very soft. At the right edge of the sternum, in the third interspace, a superficial to and fro murmur can be heard. The diastolic murmur is not transmitted to the left or downward. There is no arrhythmia—except only when under the effect of full doses of digipuratum and then digitalis is promptly stopped. No extra-systoles are noticed—except one or two occasions. The presence of aortic regurgitation can, I believe, be ruled out. There are no features of that condition present. The to and fro "murmur" mentioned, may be due to a slight pericardial rub, at the point where it is heard. My opinion is, that the marked hypertrophy and dilatation is due to a dominant mitral regurgitation associated with a probable mitral stenosis.

November 22nd—Urine: A. M. albumin, trace; urea, 4.2%; indican, decided amount; casts, very many, 500 to ounce; S. G., 1.027. P. M.: Albumin, decided trace; urea, 4%; S. G., 1.026; indican, decided amount; casts, many, over 100 to the ounce. Patient being very weak and exhausted and complaining of abdominal gaseous distention,

she was given iron, quinine and strychnine; multiple needle punctures were made in legs and dorsal surfaces of feet, which drained freely and one-half ampule pituitrin was given hypodermatically. This procedure seemed to increase the flow of urine and relieved the patient considerably.

The important things to bear in mind are:

1. The very great importance of rest in bed.
2. The most careful attention to complaints of sore throat, pains in joints, and various ailments or complications associated with fever, and bad teeth and tonsils should be looked after.
3. To give no digitalis because you hear a murmur in a case of acute endocardial inflammation, it is contra-indicated, and will make the patient worse.
4. Give an active preparation of digitalis during the afebrile period following the acute attack, and only until the desired results are obtained.
5. With failure of the heart, the appearance of dropsy and nephritic complications, and where the ordinary alkaline diuretics will usually do no good, we must try a combination of methods: (a) Incisions or punctures in the lower extremities or the use of Southey tubes; (b) wet hot pack; (c) restriction of intake of fluids and administration of one of the preparations like diuretin, theocin, agurin or caffein sodium benzoate and with or without digipuratum by mouth or hypodermically, or m. x fl. ext. apocynum cannabinum t. i. d.; (d) bowels, of course, should be kept in good order. The multiplicity of internal remedies is to be avoided, only one or two drugs are to be given as indicated.
6. Blisters over the heart during the febrile stage, especially if pericarditis be also present, are worth remembering, as they give great comfort to the patient. In the case under discussion, I am sure that the blisters helped to prevent effusion during her first attack of endo- and pericarditis, in January, 1916.
7. To combat the anemia, the hypodermic use of iron may be tried, beginning with small doses at first.
8. These young patients complain of insomnia and restlessness and it is important to give them rest. For this a small dose of morphine sulphate or codein may be used hypodermatically or a capsule of chloretone, 5 grains, and a little codeia may be given P. R. N. Very small doses—gr. i. every 2 hours for 5 or 6 doses, of chloral, may be tried. This amount will not cause cardiac depression.

As to the third case, occurring in a young girl, also at about the same age, she also had some trouble associated with puberty and delayed menstruation. This girl, I learned on inquiry, had previously also lived

in the same house, and had some cardiac disturbance of a similar character. I have, however, been unable to verify the matter myself any further or learn any more particulars about the case, and mention it merely as a matter of interest.

Endocarditis is of frequent occurrence during infancy and childhood, most commonly between the 6th and 12th year.

Endocarditis nearly always begins with fever. When a child has chorea and suddenly develops fever, endocarditis should be suspected. When a child has a chill and develops fever shortly after an attack of rheumatism, tonsillitis, or any other infectious disease, the heart should always be examined for evidence of endocarditis or pericarditis. The pericarditis, if present, can be recognized by the friction sound—it is a superficial, to and fro sound heard directly under the ear, usually loud and rasping, never blowing, sometimes creaking and loudest over the middle of the heart; is not conducted or transmitted like murmurs, and is made clearer by having patient lean over on the stethoscope, and is not affected by having patient hold his breath, except that it is probably made more distinct.

Several years ago, I treated a child for a streptococcic tonsillitis, which was followed by an acute endocarditis. In conjunction with absolute rest in bed, blisters, diet and only symptomatic drug treatment, I also administered streptococcic (mixed) vaccine. The patient recovered from the attack. I cannot, of course, state that the vaccines were of great influence in this case, as the other measures mentioned, were also used in the treatment.

I have now under my care a lady, about forty-five years of age, with some acute endocardial involvement, who just passed through a severe attack of pneumonia. This patient in addition to digipuratum, for the heart, guaiacol carbonate and codeine for the pain and cough, and camphor in oil hypodermatically at time of crisis, received antipneumococcus serum intravenously and intramuscularly. She was given 100 c. c. Lederle's antipneumococcus serum (Type 1) as the initial dose—the crisis occurred without any mishap a few days ago. Before its use, I felt that she was going to die. Under mild stimulating treatment, continued rest in bed, and the use (after crisis and recovery from the lobar pneumonitis) of mixed pneumoserobacterin, she is gradually recovering from the attack and will, I hope, be out of bed in a very short time.

THE REMOVAL OF TUBERCULOUS PERSONS.

BY CHARLES V. CRASTER, M. D.,
Health Officer, Newark, N. J.

The attitude of mind in which the subject of protecting the child from infection by a tuberculous member of the family is approached will depend very much upon whether tuberculosis is regarded as a contagious disease in the sense of other communicable infections.

Although there are a few of us nowadays, I am sure, who are inclined to doubt the communicable nature of tuberculosis there is still much to learn with regard to the paths through which the infection is carried and which are not as yet very clearly indicated. We are safe, however, in assuming that the infection of tuberculosis is conveyed by either the personal contact or through some intermediate carrier, and we know that such contact long continued will bring about infection in a large majority of exposed persons.

Dr. Knopf in New York maintains that tuberculosis is not a contagious disease because a person who touches a patient need not necessarily become tuberculous. The same may be said of all communicable diseases avowedly spread by infective material, provided that contact is not made with an infective surface of the body. Are we then to be constantly required to apply to tuberculosis all those safeguards for the protection of the child which time and experience have shown to be effective in the control of other diseases?

As far as isolation of tuberculosis is concerned we cannot quite place this in the same category as that carried out in other communicable diseases. We cannot ostracize the sufferer in the same way as was formerly done in cases of leprosy when the leper was deprived of a citizen's rights by "bell, book and candle," and was driven out of the city to find a livelihood as best he might in the wilds and uninhabited places. It is true there are many points of resemblance between leprosy and tuberculosis, but in the case of the latter disease the uncertainty of duration of the disease process varying from a few weeks to a lifetime would certainly make compulsory isolation something in the nature of the former ostracism of the leper.

Whether or not we should advise the removal of the tuberculous person from the home must depend always upon the individual sufferer himself, seeing that the chances of the children being infected depends upon the individual sufferer, being very constant, and probably where we have to deal with the careless and near criminal type to the condition of no danger at all in the case of the educated and responsible sufferers from the disease. The question of removing the sufferer from the home is one requiring evidently very special and unusual handling.

How then shall the exposed child be protected from infection? Some evidence in favor of removal is given as the result of carrying out a routine von Pirquet skin reaction upon children from tuberculous homes in which it has been shown that 75% of such gave a positive reaction and showed probable tuberculosis infection. Such a result sufficiently shows the latent danger in all families exposed to infection. It is my experience in a large city that there are many cases in which carelessness, ignorance and indifference indicate strongly the necessity of compulsory removal of patients as the only method by means of which the members of the family can be protected. Besides the cases which should compulsorily be removed there are the cases that are wishful to be removed and who agree that the attention and surroundings in efficient sanatoriums are conducive to a more rapid recovery if such is possible. There are also other cases which may consent to removal to the hospital or sanatorium if such inducement could be made sufficiently attractive. These three classes would by themselves constitute quite a large proportion of our known tuberculosis cases.

The removal of the tuberculous patient as at early a stage of the disease as possible is manifestly good, sound preventive medicine, provided that such removal benefits the patient and protects the public. As a routine measure the removal of the tuberculosis case is obviously dependent upon the consent of the patient and where the patient is not violating any law it would be difficult for a public health official to carry out this measure. At the present time with the extremely limited accommodations provided in our county sanatoriums and in our city hospitals the conditions bringing about removal have to be very seriously sifted so that those who are favored shall be for the best interests of the public.

By all means remove the tuberculous pa-

*Paper read at the Second Annual N. J. Joint Conference on Tuberculosis at Jersey City, November 9, 1917.

tient who is unclean and dangerous, whose habits are persistent in spite of repeated warnings by physicians or visiting nurses. Speaking, however, from a wider standpoint there would seem to be no more reason to remove to an institution an educated, law abiding and careful sufferer from tuberculosis when susceptible children are present in the house than there is to compulsorily remove to a contagious disease hospital cases of diphtheria and scarlet fever irrespective of the excellence of the isolation and quarantine practiced in every individual family.

The ideals for which most of us are striving in the prevention of tuberculosis is the tempering of justice with mercy in the administration of the tuberculosis law. The law is strong enough if enforced thoroughly to deter the most careless from a continuance in his carelessness. Much of the refusal to accept sanatorium treatment in the early stages of tuberculosis is due to the fact that many of our sufferers have dependents, children or relatives. Tuberculosis is so intimately connected with poverty that every tuberculosis case would seem to be in some graduation from comfort to extreme and dire distress.

The outlook for success in the administration of the law with regard to the control of tuberculosis must depend upon the future prospects of legislation along the lines of a nation-wide sick benefit system which will automatically place the dependent sufferer in the most favorable condition for the relief of his disease and for the support of his family.

TENEMENT HOUSE SUPERVISION IN TUBERCULOSIS CAMPAIGN.*

BY MILES W. BEEMER, ESQ.

Secretary of State Board of Tenement House Supervision.

Individuals are the creatures of environment rather than the products of heredity, and the houses in which people live affect the physical, moral and mental status of every member of the family. The undermining of the health of the individual, whereby his efficiency is constantly reduced and his reserve power—which enables him to resist the insidious attacks of various diseases—weakened, is not generally realized until a collapse occurs.

All progressive employers, considering the welfare of their employees in the suc-

cessful conduct of their business, are realizing more and more that the efficiency of their staff is materially added to or lessened in direct proportion to the amount of attention paid to their housing conditions. In fact for the past ten years "Efficiency" has become more and more the guiding principle of employers. In professional life, the business world, industrial enterprises of all kinds, and last, but by no means least, in all work of a domestic character—efficiency is the primary requisite, and nothing contributes more to efficiency than the proper housing of workers.

Sunlight and fresh air are two of the absolute necessities of life—two gifts of nature, so freely bestowed, that we fail to appreciate their value or we ignore them. They are two of the strongest allies in the fight against tuberculosis, and as sunshine and fresh air are without price, one wonders why they have been so frequently shut out of thousands of our dwellings.

We realize the mental stimulation—after a damp, gloomy period of weather, with windows closed, shades drawn, and artificial light by day—when we awaken to find the rays of the sun pouring into our bedrooms. How quickly we draw up the sash, and feel the beneficial, physical reaction, after days of depression. The desire to be "up and doing," so lacking when there is no golden sunlight, or refreshing air, is marvellously strengthened. If one day, or two or three has such a disastrous effect upon us—can we not imagine what one year, five years, ten years of such an existence must mean—mentally, physically, and in a large percentage of cases, morally—to those from whom these gifts are continuously cut off. We know that the sun's rays kill the tuberculosis germ when they strike it, and the need of fresh air to strengthen the lungs and purify the blood would seem to be one of the fundamental principles of health, which should be readily grasped by the most ignorant person.

In most old tenement houses we find dark rooms existing, as the result of the failure by the builder to realize the necessity for bringing sunlight and fresh air into sleeping rooms. The cost of installing proper windows in these rooms when the house was erected was almost negligible but frequently the mistaken desire of the builder to obtain a temporary profit led to the erection of the so-called "railroad flat," with its rows of dark rooms, the front and rear rooms being the only ones to have windows to the outer air.

*Delivered at the N. J. Joint Conference on Tuberculosis at Jersey City, November 9, 1917.

As the tenants in these houses become educated to the value of light and air they move into buildings constructed on better plans, and it becomes necessary to reduce the rentals in these apartments. This brings a poorer class of tenants, who, because their work is laborious, they are not well nourished, and they are deprived of light and air, have their reserve power easily broken down and they become victims of the tuberculosis or other disease germ. Then, too, conditions which tend to create immorality—such as over-crowding, dark rooms, dark halls, toilets used in common with other families or lodgers—also decrease the health reserve of the individual and augment the spread of tuberculosis and other diseases.

Tenement houses of the character referred to, badly designed and poorly constructed, not only increase the sickness and death rate, but cause a rapid depreciation in realty values.

The State Board of Tenement House Supervision since its creation in 1904 has exerted the powers conferred upon it to encourage or compel, when necessary, the providing of at least a minimum of facilities for healthful living. It has ordered the installation of 36,375 windows in partitions separating interior rooms from rooms having windows to the outer air, thus providing a little additional daylight and fresh air for, approximately, 150,000 persons. Of course a partition window is a poor substitute for a window to the outer air, but the State has been compelled to accept these partition windows in old tenement houses, because of the ignorance or lack of foresight on the part of municipalities in the State in permitting the erection of such buildings.

The splendid educational campaigns conducted by the tuberculosis societies and other social welfare agencies leave no excuse for the creation of more rooms of a similar character in this State, in fact any "letting down of the bars," which would deprive even a small number of families of the opportunity to obtain daylight and fresh air in every sleeping room would be a crime.

As a further protective measure for the health of tenants in old tenement houses, this board has caused the installation of 17,819 new water closets, 2,804 sinks with running water, and the cleaning and repair of 36,126 sinks.

The Board of Tenement House Supervision views with genuine gratification the ever increasing opportunities for co-operation between the tuberculosis societies, other

welfare associations and our staff in pursuance of the common object—the providing of better living conditions for the great mass of citizens of this commonwealth who are not able to obtain for themselves the character of housing most conducive to the upbuilding of mental, moral and physical health.

Clinical Reports.

Dento-Alveolar Abscess, with Sinus through Cheek.

Dr. A. F. Tyler reports this case in the Nebraska State Journal. He says: Mr. J. S. came to me for Roentgen examination, March 29, 1915. He presented an elevated ulcer on the left cheek. On close examination we found that this was a sinus discharging a thin purulent substance. By inserting a finger between the cheek and alveolus we were able to feel a distinct cord extending from the opening in the skin inward and attached to the soft tissue on the outer surface of the alveolus. Roentgen examination of the teeth on this side disclosed a considerable area of bone absorption including the apices of all roots of the left upper first molar. It is unusual to find a dento-alveolar abscess rupturing through the skin rather than in the mouth. It has been our observation that this only occurs in the molar region. When a patient presents himself this condition must be differentiated from epithelioma, salivary fistula and a sinus extending to an absessed tooth. By proper examination of the teeth, the diagnosis can readily be made. This patient was soon relieved by having the first molar extracted and the sinus curetted. We saw another patient with the same condition within the last few months.

Spastic Entropion.

Dr. J. C. Markel reported this case at a meeting of the Pittsburgh Ophthalmological Society, October 1, 1917. Mrs. J. S., aged 58, was admitted to the ward complaining of irritation of both eyes due to a pronounced spastic entropion of the lower lids. The condition had been troublesome for two years. It began in the left eye and later both were affected. She had consulted several oculists and was advised to use adhesive strips to draw the lids away from the globes. This was kept up for about a year without relief, in fact, the patient seemed to think that the condition was made worse by it. The skin of both lids and cheek was quite flabby and without tone, lying in folds and deep wrinkles, and the globes were rather deep set. The conjunctiva was deeply injected but the cornea intact. Under local anesthesia, by instillation and hypodermic injection of cocaine solution, a Ziegler galvanocautery puncture was made in the left lid, in which the entropion was more marked, six punctures being made 4 mm. apart and 4 mm. from the lid margin. There was practically no reaction nor pain in the lid. A dressing of bichlorid ointment was applied for twenty-four hours. A week later the same procedure was carried out on the right lid. There has been no inversion since and the eyes have been perfectly comfortable.

Laryngeal Stenosis Complicating Measles.

The following cases are reported by Dr. M. F. Morris, Jr., in the December 15 N. Y. Medical Journal:

Case 1.—M. F., age one year, entered the hospital March 16th, with a fading measles rash. Intubation, in the home, by the ambulance surgeon, had been necessary, a two year rubber tube being used. On admission, 20,000 units of diphtheria antitoxin were given. In less than twenty-four hours she was extubated and intubated no less than seven times, without improvement. A small piece of dirty gray membrane was removed during one extubation. Patient died thirty hours after admission.

Case 2.—F. K., age fourteen months, entered hospital February 14th, with maculopapular rash, Koplik's spots, bronchitis, and discharging eyes and nose. Nose and throat cultures were negative. As a result of a positive Schick, 2,000 units of diphtheria antitoxin were given. February 20th, the patient became very croupy and received 20,000 units of antitoxin. The cough increased in severity and dyspnea and retraction became marked, but several hours later these symptoms subsided somewhat. Later patient began regurgitating food (postdiphtheritic paralysis?). The number of respirations were from 60 to 70; the heart rate from 150 to 170, and the temperature was from 102 to 105. F. No physical signs of pneumonia were found. Death resulted.

Case 3.—T. S., age eighteen months, entered the hospital February 26th with Koplik's spots, bronchitis, and temperature of 100.8 F. Two days later there was a general maculopapular rash present. On admission, cultures from the nose and throat were negative, but were positive five days later. The Schick test was negative. One week after admission a very croupy cough developed, with considerable dyspnea and retraction; 20,000 units of antitoxin were given; signs of consolidation in upper left lobe posteriorly were found; intubation done early in the evening with some improvement. Next morning, the dyspnea, retraction, and pallor became much worse. Extubation, followed by immediate reintubation, was done with little improvement. Death resulted seventeen hours later.

Acute Diabetes Mellitus.

Dr. Edward O. Elmer reports the following unusual case in the Medical Record:

S. K., aged 10 years; only child. The father, at 37, is physically well, but of unstable mental makeup, being thought by some to be demented. His father was demented and committed suicide a few years ago. The mother comes from a decidedly nervous family; is melancholic and always looking for trouble. A great aunt has had diabetes for years. The child has always been healthy with the exception of chickenpox and whooping cough. She has always been very fat. She first complained on October 24, 1917, of being tired and of her legs aching; her appetite was poor and she was somewhat constipated. The following morning she said that she was still tired and did not go to school. I saw her that morning at 11 o'clock and found her dressed and about the house. Temp. 98°, pulse 120, respirations 30. No headache or cough; was chilly. She was given calomel, followed by a seidlitz powder; was also

put on a light diet and advised to keep quiet. She had a sleepy night, only awakening to urinate, which was often. I saw her again at 8 o'clock the next morning, the 26th, and found her dyspneic and very somnolent, temp. 97°, pulse 135, and resp. 40. Tongue dry, sweetish odor to the breath. She said she was tired, but had no pain. Had voided seven pints of pale acid urine during the last 18 hours; sp. gr. 1020, containing about 16 grains of sugar to the ounce. She was put upon sodium bicarbonate, 1 dram in water every 4 hours, by the mouth, and a tablespoonful in 6 ounces warm water by the rectum, following a soap enema every 12 hours. Barley water, a thin oatmeal gruel, and buttermilk were fed her in small amounts. She continued getting sleepier during the day and evening and at midnight went into coma, dying the next morning (October 27) at 6 o'clock.

Prostatitis and Spermatocystitis.

These cases are reported by Dr. Theo. Baker in a paper in the Pennsylvania Med. Jour. November, 1917:

Mr. R., aged 40, salesman, was referred to me because of loss of sexual powers. He had tripper many years previous, but denies having had syphilis. The Wassermann reaction was negative. The chief complaint was nervousness, on account of which he had to give up his work one year before I saw him. Five years previously he began to notice a decrease in the sexual powers, failure of memory, and lack of energy. After about two hours of work he would "go all to pieces," become rattled and could not apply himself without great mental and physical effort. There was also marked insomnia, and sleep when obtained was much disturbed. This condition gradually increased until it was impossible to work at all.

Examination showed marked prostatitis, but no bacteria were ever found in the prostatic secretion. The seminal vesicles were never palpable. After two months of treatment he was able to resume his occupation; but after six months there was a recurrence, and treatment was then continued for six months, during which time the patient continued at work until completely cured. Local treatment of the prostate gland was all that was done.

Case 2.—Patient, aged 27, was referred to me because of cystitis and urethritis. The trouble had existed for five years, during which time there had been three attacks of supposed cystitis. After seven months of treatment he was almost well, the urine containing only microscopic pus, and at no time had there been any swelling of the seminal vesicles, though pus was obtained in the secretion. He was suddenly seized with a sharp pain over the right sacro-iliac joint, radiating along the outer surface of the thigh, which continued for a week, requiring several hypodermics of morphin. The right seminal vesicle was now quite swollen and tender, and three weeks later there developed an acute epididymitis on the right side. After epididymotomy, vasotomy and injection of the right vesicle with argyrol he made a rapid recovery, and was well when last heard from one year later.

Case 3 was quite similar, though the pain was not so acute, and it radiated along the sciatic nerve and to the heel. Patient was treated

by gentle massage of the prostate and vesicles without much relief, and after three weeks he was referred to Dr. David Silver because it was thought that there might be some trouble with the sacro-iliac joint or the lower part of the spine. He was somewhat improved after wearing a support for the spine for several weeks, during which time the vesiculitis was not treated. The roentgenogram showed a suspicious lesion in the body of one of the lumbar vertebrae. He came in later complaining of sudden retention of urine the night before, which was found to be due to a marked bilateral vesiculitis. Vasotomy and irrigation of the vesicles with argyrol was followed by a rapid recovery from all symptoms, the urine becoming free of pus in three weeks, and he has remained well one year up to September, when last seen. The case demonstrates that it is well for the urologist to co-operate occasionally with the orthopedic surgeon, and the credit for the results of whatever nature may be shared by each.

Early Ectopic Pregnancy Complicated by Appendicitis.

Dr. Arthur Stein reported this case at the October 23rd meeting of the N. Y. Academy of Medicine:

The patient was 26 years of age. Her previous history was negative. She had had one child, seven years ago. On the day previous to admission to the Harlem Hospital she was suddenly seized with severe pain in the right lower abdomen, accompanied by pains in the vagina. Her menstruations had always been regular up to the last time. She had finished her last menstruation about three weeks before. Examination showed bleeding from the vagina and the uterus somewhat enlarged and soft. There was marked tenderness extending over the right lower abdomen and up as far as McBurney's point. The right adnexa could not be definitely made out. There was no tissue discharge from the uterus. The patient was then transferred to the private building of the German Hospital for further observation. Being unable to make a definite diagnosis in two or three days, a probable diagnosis of ectopic pregnancy or subacute appendicitis was made, although the definite signs of appendicitis (rigidity of the muscles and rebound upon withdrawal of the hand after pressure) were not present. On the third day the patient had another attack of severe pain and operation was decided upon. A curettage preceded the laparotomy. Some apparently decidua tissue was removed. A transverse incision was made. Upon opening the abdomen the right tube was found to be about as thick as a thumb with blood oozing from the fimbrian end. There were marked adhesions with the omentum, and also with the appendix. The right tube and ovary were lying very high on the ilium. This location seemed to be the reason for their inability to locate and properly palpate the right adnexa. The right tube was then removed in toto, whereas the right ovary was left behind. The stump of the tube was secured with chromic catgut suture. The appendix which was adherent to the tube and was also subacutely inflamed and thickened with dilated vessels. It was removed and the stump buried with silkworm suture. The operation required twenty minutes.

Neuro-Otological Cases.

Reported by Dr. S. A. Brumm, Philadelphia, in a paper read at Pennsylvania State Society, September, 1916, on "The application of Neuro-Otology to the Diagnosis of Actual Cases."

Group I—Meniere's Disease.

Case 1.—Mrs. W., aged 60 years. In 1897 she had her first attack of dizziness which lasted a few seconds, she then had attacks about once a month until 1903. At this time she noticed some impairment of hearing in the left ear which became worse until 1911 when she had an attack of nausea and staggering but not severe; again in August, 1913, she had a dizzy spell which lasted for two days. From that time she had an uneventful history until 1914 when another severe attack visited her, so severe that she was bedridden for three days, and during that time was dizzy and so nauseated that she was unable to retain even water on the stomach. There was a subsidence of symptoms until September of the same year, when one of the surgeons in Philadelphia of highest rank operated on her for gallstones; the operation revealed a normal gallbladder and also a normal appendix. Three weeks after the operation she had another severe attack of vertigo; these attacks continued until February, 1916, when she came under our observation.

It was a very easy matter by means of the functional fork tests to determine a dead left cochlea and a slightly impaired right cochlea. The left static labyrinth showed a marked impairment of the vertical and horizontal canals. The right static portion showed a condition similar to the left static portion. We, therefore, immediately put this case in the end-organ type, as it seemed almost impossible to picture an intracranial lesion of such a size and position that it would give us a bilateral involvement. We attributed her attacks to an irritative labyrinthitis and not due to a congestion or anemia because of the very definite degenerative changes that must have taken place, but more likely to be of a toxic nature or actual serous extravasation. A diagnosis of Meniere's disease was made.

Case 2.—Mr. G., aged 65. On May 13, 1915, he had a dizzy spell; also a sudden stoppage of hearing in the right ear. On May 15, he had nausea, vomiting and dizziness which lasted two weeks. Since that time he has had tinnitus, slight vertigo and staggering. The fork test showed a dead cochlea of the right side; the left cochlea showed normal hearing for a man of his age. Stimulating the left ear by turning and douching showed practically normal reaction, but stimulating the right static ear showed very much diminished vertigo, past pointing and nystagmus especially for the horizontal canal. The fact that we were able to elicit the reactions at all means that this case again is end-organ in type. A diagnosis of Meniere's disease was made in this case.

Group II—Specific Labyrinthitis.

Case 1.—Frank H., aged 56. One year ago the patient complained of tinnitus and dizziness. Five months ago (December, 1915) he began to stagger. This patient came under my observation in April, 1916, complaining of tinnitus, deafness and vertigo. The fork test showed lessened bone conduction and diminu-

tion of high tone (namely involvement of cochlea).

Turning the patient to the right and to the left showed respectively a normal horizontal nystagmus, except that it lasted but eight seconds and ten seconds as compared with the normal twenty-four seconds. Douching both the right and left vertical canal after five minutes gave no response whatever. This patient had also a subnormal vertigo. This case is therefore an end-organ type and a diagnosis of specific labyrinthitis was made. A four plus Wassermann reaction was found.

Group III—Involvement of the Eighth Nerve.

Case 1.—Ray G., aged 26. Patient came to the University Dispensary complaining of deafness, tinnitus and vertigo. He also had involvement of the seventh and fifth nerves of the left side. The fork test showed a dead left cochlea and a well-functionating right cochlea. Turning and douching failed to give any reaction whatever from the left static portion of the ear.

A plus Wassermann reaction was found and a diagnosis of specific neuritis of the left eighth nerve was made.

I have differentiated this case from specific labyrinthitis, first, because there was involvement also of the seventh and fifth nerve of the left side; second, because in the case of specific labyrinthitis there was not total destruction and we were able to elicit some reactions even though they were not normal in type, while in this case of specific neuritis we were unable to elicit any reactions whatever.

Case 2.—Angelo G., aged 50. Last January the patient was taken with a sudden chill and complained of great pains in the head and back of neck. He was treated by his family doctor for typhoid, but did not improve. He was then taken to the University of Pennsylvania where he was treated for hemorrhage of the brain and for fifteen days ice was kept to his head continually. A month following he lost the hearing in the right ear and the following June the hearing in the left ear became impaired and was very soon gone. Headaches appeared which were far worse at night, and during this time he experienced much dizziness and a staggering gait. The patient was also mentally depressed.

He was diagnosed in the neurological clinic as a cerebellar case. The Barany tests were done and a diagnosis of syphilitic neuritis of both nerves was made, due to a low grade basilar meningitis. A positive Wassermann reaction was found in the blood and in the cerebral spinal fluid. Both the left and right static ears failed to give any reaction after stimulation. Any central lesion to have completely destroyed the paths on both sides would have to be very extensive, in fact so very extensive as to be practically inconceivable.

The reason that there was no reaction produced by the stimulation of the labyrinth must be looked for in the labyrinths themselves or the eighth nerves, and we believed the eighth nerves to be affected and not the labyrinths themselves because of the presence of signs of an accompanying meningitis of a low grade basilar type.

Case 2.—James H., aged 38. This case is of particular interest and I cite it to show the proof and convincing use of the Barany tests.

Patient was operated on by Dr. Frazier for persisting tinnitus following a basal fracture. The auditory nerve of the left side was divided in the posterior fossa. He came back three years later still complaining of the tinnitus. The question then was whether the tinnitus was due to an involvement of the eighth nerve end-organ or central in character. Of course, the fork test showed negative hearing, but remember that hearing is a subjective matter and depends on your patient's interpretation while the testing of the static portion of the labyrinth is principally objective.

Afterstimulating the static portion of the left labyrinth by turning and douching, we were able to produce no reactions whatever and our conclusions were that there were dead static and cochlea portions; left nerve was evidently severed; the continuance of the tinnitus is therefore central in origin.

Group IV—Brain Stem Lesions.

Case 1.—Mrs. Carrie D., aged 36. Eight weeks previous to her entrance to the Neurological Department of the University of Pennsylvania, this patient showed marked symptoms of vertigo with no associated tinnitus. This dizziness progressed so that in two weeks she could not walk at all, showing marked ataxia. Six weeks later she began vomiting which continued at intervals. She had severe headaches and noticed a progressive failing in vision. She also showed paresis of the third and sixth nerves.

Examination showed that she had a chronic catarrhal deafness, but the cochlea of both sides were intact. Spontaneously she showed occasionally a vertical nystagmus on looking upward. On stimulating the right horizontal canal by turning and douching we were able to produce only a conjugate deviation, but no nystagmus or vertigo. On douching the right vertical canal we were unable to produce a conjugate deviation or nystagmus and again no vertigo or dizziness. While douching the left vertical canal we were able to produce a conjugate deviation, also nystagmus; patient for the first time experienced dizziness and vertigo. Therefore, the lesion must have been of the intracranial type and in a place that would interfere with vertigo, cerebral control of nystagmus, the posterior longitudinal bundle and the right vertical fibers. We placed the lesion in the upper posterior portion of the pons, extending down to the region of the right middle cerebellar peduncle. The medulla and lower half of the pons were uninvolved.

Postmortem showed both by gross specimen and histological slides the lesion to be in that portion which we have mentioned.

It was from this case that we were able to make a differentiation between the distribution of the fibers from the vertical and horizontal semicircular canals.

Group V—Cerebellar Lesions.

Case 1.—Leo S., aged 20. Patient came to the University Neurological Clinic complaining of dizziness, loss of memory, headache and vomiting. He was referred to the ear clinic for Barany test. Spontaneously the patient showed poor conjugate movements, also a vertical nystagmus upward and downward which immediately meant a lesion which was neuraxial either pressure or infiltration. Stimu-

lating the vertical canal caused a vertical nystagmus instead of rotary; this prevented nystagmus meant lesions of the posterior longitudinal bundle or the eye nuclei themselves. Stimulating the left horizontal canal produced a normal nystagmus, but soon it became a conjugate deviation; this showed involvement of the cerebral fibers to the eye muscle at the junction of cerebral crura.

Stimulating both the right horizontal and right vertical canals gave a perverted nystagmus. All of the semicircular canals produced vertigo after stimulating, which meant that the superior cerebellar peduncles were uninvolved.

Spontaneously pointing was slightly ataxic and the right arm pointed toward the left; this suggested a lesion of the center for past pointing outward which was in the right lateral cerebellar hemisphere. This was further brought out by the inability to make the arm past point outward after ear stimulation from turning patient to the right, with cold water to the right ear, and hot water to the left ear. These symptoms pointed to a lesion in the center for past pointing outward which was in the semilunar lobe of the right cerebellar hemisphere. Stimulation of the left ear gave some failure in past pointing but not so marked as the right. The pelvic girdle reactions were markedly disturbed (this showed a lesion of the vermis). We have therefore definite evidence of involvement of the right lateral hemisphere, vermis, left lateral hemisphere of the cerebellum, upper posterior portion of pons and the posterior portion of the junction of the cerebral crura because of the marked involvement. It was evident that some of the phenomena were due to pressure. Therefore the explanation from the ear standpoint was an infiltrating glioma involving the right cerebellar hemisphere extending over to the vermis and entering pons at its upper half and extending into the junction cerebral crura.

The surgeon's report showed an inoperable gliomatous growth coming up from the two hemispheres.

Case 2.—Agatha A., aged 2½ years. Three weeks ago this child had an operation for acute mastoiditis by Dr. Randall. Four days before the Barany tests were used this patient developed symptoms of intracranial disturbances, namely semistuporous and a very slow pulse. Without doubt, this child had a brain abscess, but just where to locate this abscess was a mooted question. Ordinarily we would look for an abscess following a simple mastoiditis in the middle fossa. The Barany tests were applied and we found on douching the left ear with cold water, head back 60 degrees, there was produced a conjugate deviation of both eyes to the left but no nystagmus. On douching the right ear with cold water with head back 60 degrees, there was produced no ocular reactions whatever. We then douched the left ear with hot water, head back 60 degrees, and produced a conjugate deviation to the right.

It was very evident that there was a complete block of the right side, either labyrinth, eighth nerve or a lesion involving the brain stem about the medulla. It was not end-organ as the child did not show any symptoms of labyrinthitis. We therefore placed the lesion

in the posterior fossa of the right side, namely the cerebellopontine-angle region. Immediately after the examination Dr. Randall opened the right cerebellar region and evacuated a large amount of fetid pus.

Group VI—Inferior Cerebellar Peduncle.

Case 1.—Ellison L., aged 53. On June 19, 1915, the patient had an attack of nausea, dizziness and staggering. Arms were not affected, motive power was not lost, but the patient could not stand up or walk. He also had some disturbances of speech. The third day he had pains in the head. His chief complaints were dizziness, staggering and pain in the head. Examination, Oct. 19, 1915: Cochlear portions of each ear showed normal hearing. There was no evidence of acute inflammatory changes, no spontaneous nystagmus or past pointing. On turning the patient to the right side and then to the left, there was produced a normal nystagmus. Also turning the patient first to the right and then to the left, there was produced a normal past pointing, except the patient failed to past point the right hand outward when turned to the right. Also on douching the right horizontal semicircular canal with the head back 60 degrees, there was produced a good nystagmus, but no vertigo and patient again failed to past point to the right with the right arm. Therefore, we have placed the lesion in the inferior cerebellar peduncle of the right side.

The case was diagnosed previously by Dr. Spiller as being a thrombus of the posterior inferior cerebellar artery which you know supplies the inferior cerebellar peduncle.

Group VII—Cerebellar Pontine Angle Tumors.

Case 1.—William S., aged 33. This case which I will cite hurriedly is of interest because the patient came to the ear clinic from the neurological clinic bearing the following note.

"William S. has symptoms suggesting a lesion of right frontal lobe implicating the face center. He has some dysmetria of the left hand. The case may be interesting as showing possibly past pointing from a cerebral lesion. This case will be operated on within a few days."

Summary of examination: Vertical nystagmus upward, slight paresis of right external rectus. Turning suggested right ear was better than the left ear. Hearing was perfect on right side. No nystagmus after douching right vertical canal. A subsequent examination after douching two minutes produced a fair nystagmus and past pointing. Therefore, right labyrinth, eighth nerve and right portion of medulla were normal. The left ear was stone deaf and gave no reactions whatever, after stimulation. Disturbance in reactions of the right semicircular canal was not due to any trouble in the right labyrinth, but to pressure on the pons from the other or left side. This was borne out by the fact that the nystagmus fibres were completely interrupted, while the more distal past pointing fibres were not interrupted.

Conclusion: Therefore this was an intracranial case and the lesion must have been in that place which would interfere with the past pointing nystagmus and vertigo fibers of the left side, and at the same time slightly inhibit the nystagmus fibres of the right side.

We diagnosed this case as a left-sided cerebellopontine-angle tumor. This diagnosis was verified by postmortem.

Case 2.—William H., aged 48. The chief complaints were headache, vertigo and staggering. On Nov 22, 1915, the patient bumped his head and was somewhat dizzy and his work lagged. Within a week pains developed severely. While he had been hard of hearing in the right ear for fifteen years, the hearing had become worse since the onset of the trouble. He also had some difficulty in swallowing. By December 12, he staggered to the right and left while walking and the vision became progressively worse.

Examination: Hearing test showed the right ear completely deaf while the left ear showed normal hearing. There was no evidence of inflammatory disease in either ear. While doing the Romberg test there was no considerable swaying. When an attempt was made to throw the patient he fell like a log showing that there was no reaction of the pelvic girdle. An examination of spontaneous phenomena revealed a spontaneous nystagmus in every direction in which the patient was told to look, the vertical nystagmus being most marked. The spontaneous pointing tests were perfectly normal. There was lessened sensibility of the right cornea suggesting weakness of the fifth nerve. The turning test showed a horizontal nystagmus to the left for twenty-eight seconds when turning to the right, and a horizontal nystagmus to the right of eleven seconds when turning to the left. In other words a stronger and better nystagmus when the left ear was stimulated than when the right ear was stimulated. The past pointing outward with either arm was poorer, while the past pointing inward with both arms was good. There was no response at any time after two minutes and ten seconds of douching the right ear with the head at any position; while douching the left with both hot and cold water gave a correct nystagmus and past pointing. Stimulation of the left ear made him fall tremendously to the left, while stimulation of the right ear produced no falling whatever.

Analysis. Since we were dealing in this case with a unilateral destruction of the labyrinth or of the eighth nerve, it becomes necessary for us to discuss at some length the reason for placing this in the intracranial group of cases. A good many of the phenomena that this patient exhibited appear both in cases of end-organ disturbances, as well as in those of intracranial lesions, such as the spontaneous nystagmus, the incoordination and staggering gait. It is not an end-organ case for the following reasons: (1) The spontaneous nystagmus, instead of coming on rapidly and then gradually becoming less and less, came on rather slowly and grew progressively worse and worse, and at the time of examination it had already lasted for a period of several months. (2) The incoordination became gradually worse instead of better as would be expected in a unilateral destruction of the labyrinth. (3) The staggering and falling were always in the same direction and were not changed by altering the position of the head. (4) There was present a spontaneous nystagmus upward, and any form of spontaneous vertical nystagmus means intracranial trouble. (5) There were present incoordination, impaired mentality

and involvement to some extent of the fifth nerve.

Having placed the case in the intracranial group, it was our next endeavor to localize it more accurately within the cranium. By far the most important single thing that stood out in marked contrast with any of the findings was the loss of function of either the labyrinth or the eighth nerve of the right side. It would be difficult to conceive of any pathological process that would so affect and destroy one labyrinth in toto without affecting the other. What we really had was a complete destruction of the eighth cranial nerve, cutting off all stimuli from both the cochlea and the vestibule. This was our starting point in the analysis of this case. There was a growth or tumor in a region where the eighth nerve could be destroyed such as the cerebellopontine angle. Would a lesion in that region account for all the other phenomena? Let us take up every deviation from the normal and see.

The left ear when stimulated by douching it with either cold or hot water should produce practically normal reaction, and a glance at the chart shows that it did. The failure of the right arm to past point outward or to the right can easily be accounted for by the tumor extending and pressing against the right cerebellar hemisphere. The affections of the fifth nerve can be accounted for as a result of a pressure by the growth. Also, the ataxia of the pelvic girdle and the muscles of the trunk generally are easily explained by pressure of the tumor mass against the vermis of the cerebellum.

The diagnosis therefore of cerebellopontine-angle tumor was made in this case and later verified by operation and finally by postmortem.

Group VIII.—Miscellaneous Cases.

The next group includes those cases of dizziness due to irritation of the labyrinth and vestibular apparatus by remote causes as: Tonsillitis, Bright's disease, diabetes, nicotine poison, malaria, infective teeth, also the anemias, ischemias and hyperemias as in cardiovascular diseases; also in neurasthenia, hysteria, epilepsy and chorea.

In closing I wish to recall to your minds that the paramount symptom in all these cases is vertigo.

1. It is a disturbance of equilibration that we call vertigo.
2. That the ear is the organ of equilibration.
3. Therefore, vertigo is a vestibular manifestation.
4. Dizziness, no matter how remote may be the cause, is due to a disturbance of this apparatus.

The Appeal of the Mysterious.—Ignorance is guided by terror, rather than by love. To the undisciplined mind, whatever is supernatural or unexpected makes a stronger appeal than the familiar phenomena of daily life.—R. M. Lawrence, Primitive Psychotherapy and Quackery.

A Measure of Greatness.—A great clinician is remembered either by his original contributions to scientific medicine or by the effect of his mind and personality on his time and on the pupils he has formed.—Armand Trousseau: A Master Clinician, Fielding H. Garrison.

Abstracts from Medical Journals.

Mouth Infection and Arthritis.—In every case of rheumatism, arthritis, neuritis, lumbago or other systemic disease of obscure origin, see to it that the teeth are examined and examined carefully, nor should you forget the importance of the x-ray in making your diagnosis.—*Clinical Medicine.*

Paget's Disease.

Paget's disease is a malignant affection of the nipple and areola resulting in carcinoma of the breast. It resembles eczema so much that the costly error is frequent. It differs from eczema as follows. Eczema is bilateral, Paget's unilateral; eczema occurs in young mothers, Paget's in elderly females; eczema itches, Paget's does not; Paget's feels like a coin under the skin. Both ooze and scale.—(Therap. Gazette.)

Functional and Organic Cardiac Murmurs.

Dr. C. H. Johnston, in a paper in the Michigan State Journal, gives the differential diagnoses as follows:

1. Functional murmurs are practically always systolic.
2. Diastolic murmurs are probably always pathologic.
3. A systolic murmur alone is of no significance and does not indicate valvular disease.
4. The presence or absence of hypertrophy is by far the most important diagnostic factor in differentiating between functional and organic heart murmurs.
5. Absence of symptoms of impairment and a normal cardiac outline on physical and x-ray examination suggest a normal heart.
6. The blood pressure should always be taken.
7. In cases of doubt, the electrocardiograph may give useful information.

X-Ray Treatment of Skin Diseases.

Dr. George E. Pfahler, at the October 24th meeting of the Philadelphia County Medical Society stated that he employed the x-ray in diseases of the skin for (1) the stimulating effect, as in eczema; although comparatively few eczemas should be subjected to this treatment; (2) for the destructive effect, as in epithelioma; (3) for the production of atrophy, as in the treatment of keloids. Many obstinate chronic inflammatory lesions would yield to the stimulating effect of x-ray treatment. He estimated that from 85 to 90 per cent. of the basal-cell epitheliomata would yield to treatment by the x-ray and that all of such type of epithelioma should yield to the combination of electro-coagulation and x-ray. In squamous cell epitheliomata which were more difficult to treat, he believes the best results are obtained by the combination of electro-coagulation and the x-ray. This he said was particularly true of lesions of the mucous membrane of the mouth. The reduction of keloids was possible by application of the x-ray continued over a long period. When practicable good results were possible by careful excision of the keloid followed by immediate application of the x-ray to a sufficient degree to prevent recurrence.

Tonsil Operations in Singers.

1. An analysis of 5,000 tonsil operations in singers shows that in the hands of skilled operators there need be no special fear of bad results.
2. It is the consensus of opinion that bad results are most often due to cicatricial contractions occurring from careless dissection or from neglected after-treatment.
3. Pain in the tonsillar region, neck and larynx is probably due to section of some the larger branches of the glosso-pharyngeal nerve (Justus Matthews).
4. Loss of singing voice occurs very rarely after tonsillectomy, if at all. Impaired voice is possible, but most cases show an increased range of from one-half to a full tone.
5. Loss of singing voice after tonsillectomy might be due to a nerve lesion, but is probably due to adhesions and cicatricial formations in the fauces.
6. The singer's problem is a very special one, and no laryngologist should undertake to operate on these patients unless he has some knowledge of the art of singing.
7. At operation the greatest care and skill must be exercised in securing a clean, free dissection. Injury to the tissues surroundings the tonsil may prove disastrous.
8. Post-operative care is of special importance. The patient should be seen daily until full heal ensues.—Abstract from N. Y. State Jour. of Med.

Tuberculosis and Syphilis of the Lung.

In differentiating between tuberculosis and syphilis of the lungs the following points are to be borne in mind:

- 1st—In syphilis, the patient's lung condition usually remains stationary, there is but slow destruction of pulmonary tissue.
- 2nd—The patient's general condition is as a rule satisfactory: not only does he lose flesh, but he may gain.
- 3rd—The sputum is negative for tubercle bacilli.
- 4th—The Wassermann is positive.
- 5th—The involvement is at the roots and not at the apices of the lungs.
- 6th—Temperature is usually normal.
- 7th—The aorta is apt to be dilated.
- 8th—There is improvement under specific treatment.—Critic and Guide.

Surgical Treatment of Gastric Ulcer.

Balfour (Surgery, Gynecology and Obstetrics, June, 1917), basing his conclusions upon 677 gastric ulcers operatively demonstrated in the Mayo clinic during the past ten years, emphasizes the following facts:

For ulcers at the pylorus, posterior gastro-enterostomy is the operation of choice in the poor surgical risk, for although pylorotomy is followed by better results, the operative mortality is distinctly higher. The cautery is a useful adjunct in selected cases. For ulcers on the lesser curvature, cautery by the method described in a previous paper and gastro-enterostomy is the operation of choice.

Local excision alone of such ulcers is inadequate, 32 per cent. of patients so operated on requiring further operative treatment, viz., gastro-enterostomy. Sleeve or segmental resection, especially in large high ulcers and

hour-glass contraction, in suitable cases is not only a relatively safe operation but has been followed by good results. The lowest operative mortality in the more common operations was associated with cauter and posterior gastro-enterostomy. Ulcers on the posterior wall are associated with the highest operative risk, while those at the pylorus are of least risk.

Syphilis of the Stomach.

Dr. G. B. Eusterman, of Rochester, Minn., gives a clinical and roentgenological presentation of this subject with a report of 23 cases, in the Amer. Jour. of the Medical Sciences. The following is his summary:

1. Syphilis of the stomach, though rare, is not as infrequent as is generally supposed. The aid of the Wassermann-Noguchi reaction and roentgen rays are necessary to establish the presence and the specificity of the lesion.
2. Denial of the disease, lack of evidence pointing to a primary lesion, or absence of positive Wassermann reaction does not exclude the possibility of gastric syphilis.
3. The diagnosis is based on a history of infection, a consistent positive Wassermann reaction, undisputable evidence of a gross gastric lesion, and—excluding cases showing irreparable extensive disease—a permanent cure by purely antisymphilitic measures. The diagnosis is often accidental. The possibility of syphilis should be considered in every atypical case, or in those not responding to ordinary methods of medical management.
4. The symptomatology which is fairly characteristic of gastric syphilis in view of the cases reported herewith, is suggestive of benign gastric ulcer; the gastric chemistry and roentgen findings rather suggest carcinoma. The average age of patients with acquired syphilis of the stomach is about 35; the duration of the complaint averages 3 years. In most instances the condition is characterized by an initial intermittent course, followed soon by continuous symptoms and associated with epigastric pain of variable degree, felt shortly after taking food and not relieved by food or alkalies. From the outset there is a tendency toward emesis, a variable degree of flatulency, good appetite, infrequency of hemorrhage and palpable tumor, diffuse abdominal resistance, a progressive course, and marked loss in weight without cachexia.
5. Anacidity or achylia is characteristic of the majority, if not all, cases of actual gastric syphilis. This can be explained by the influence of the pathological process upon the gastric mucous membrane.
6. Extensive gastric involvement is frequently present at the time when gastric disturbance first becomes manifest.
7. A gummatous ulcer, usually multiple, and especially a diffuse syphilitic infiltration with variable degree of contracture (fibrous hyperplasia), thickening, deformity, and perigastric adhesions chiefly involving the pyloric segment, is the usual pathological condition. Demonstration of the presence of *Spirocheta pallida* in the resected tissue would be final proof of specificity.
8. Results from antispecific treatment are encouraging in all but very advanced cases. Surgical interference is indicated in certain cases. Early diagnosis and intensive treatment

invariably result in symptomatic cure and structural improvement.

Pancreatitis and Biliary Affections.

Dr. Heyd in an able paper in the June issue of the Buffalo Med. Jour., gives these conclusions:

1. Pancreatitis is probably due to both infection and chemical irritation.
2. The very intimate lymphatic connection between the lymphatics of the pancreas and the biliary apparatus is probably a factor in many cases.
3. Gallstones have a distinct bearing upon the production of pancreatitis, being present in approximately 50 per cent. of all cases. The incidence of pancreatitis and biliary disease is probably dependent upon the anatomical variations in the terminal portion of the ducts.
4. The passage of a gallstone with injury and dilatation of the sphincter and ampulla of Vater probably initiates infection from the duodenum.
5. Pancreatic lithiasis probably acts in like manner.
6. By reason of its peculiar anatomy infection once induced in the pancreas is probably not spontaneously cured.

Radiation Treatment of Cancer of the Cervix.

Dr. Flatau, in Zentralblatt für Gynäkologie, says he removes the mass with scissors and curette until no cancer tissue remains. Radium is used at the operation surface, while with the X-rays an attempt is made to head off metastases by raying all lymphatic areas. The entire pelvis is next irradiated. Recently (1913-1916) eight out of nineteen inoperable cases have been improved or arrested. Of six recurrences, two have shown improvement or cure. Of twenty-four beginning cases, twelve have been cured and seven improved. Of the forty-nine cases treated, twenty are dead and in fourteen the disease is arrested (provisional cure).

Report of Seventy Cases of Brain Tumor.

Heuer and Dandy, in the Johns Hopkins Bulletin, summarizes the diagnoses, types of tumors, operations, etc., in seventy brain tumor cases. They tabulate their findings and results into groups, those tumors above the tentorium and those below the tentorium, those certified by operation or autopsy and those not certified. Of the seventy patients, sixty-two were operated. The total mortality rate was 12.8 per cent.; no patient died on the table; in thirty-three cases, the lesion was disclosed at operation, in the other twenty-nine cases, a simple decompression was done; fifteen patients apparently recovered; twenty-nine were greatly improved; eleven remained unimproved; six died within from twenty-four hours to five days after operation. Fifty per cent. of the tumors were gliomata; there were eleven cysts; seven simple serous cysts, five of which occurred in the cerebellum; there were four endotheliomata. The authors report in detail one case of pachymeningitis interna hemorragica, simulating brain tumor; also one case of bilateral aneurism of the internal carotid artery.

In the symptomatology, nothing special is noted, except that 10 per cent. of the patients

were blind on admission. The Wassermann test was made in fifty-three cases; it was positive three times, once in a gumma, once in a glioma and in one case the diagnosis was not made. The X-ray was only useful in the diagnosis of hypophyseal lesions. The Barany test gave variable results. Phenol sulphophthal-ein test, as described by Dandy and Blackfan, was found useful three times in demonstrating obstruction to the outflow of cerebro-spinal fluid. The surgical technique is given in detail. The authors prefer the one stage operation, and advise the use of ether anesthesia by intratracheal insufflation. The transplantation of fascia lata has been a helpful procedure, and has been used in nine cases, to help close the dura with excellent results. Some excellent photographs are shown.—E. M. H. in St. Paul Med. Jour.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular December meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, Friday evening, the 14th.

The scientific program was opened by Dr. George P. Pennington of Atlantic City, who read a paper on "Some Remarks on the Wassermann Examination and the Proper Method of Obtaining the Flood for the Serologist."

Dr. Howard Lilienthal of New York City gave an interesting talk on "Surgery of the Lungs and Pleura." Numerous lantern slides were shown illustrating the technique of the various operations and the progress of the cases.

Dr. E. E. Montgomery of Philadelphia read an instructive paper on "Abortion."

The papers of Drs. Lilienthal and Montgomery were discussed by Drs. E. H. Harvey, W. Elair Stewart of Atlantic City, and Dr. Robert Bryan of Richmond, Va. Dr. Bryan, who has recently returned from a trip to the war front in Roumania in the interest of the Red Cross, was a guest and made a brief address, narrating incidents pertaining to the treatment of wounded soldiers. He had found a high percentage of a mortality among troops inflicted with wounds in the chest. The larger the missile which struck them the greater the mortality. The small calibre bullets of high velocity penetrated, leaving scarcely a wound, and permitting the soldier in most cases to recover.

The work of the Atlantic County Mosquito Commission was endorsed, resolutions being adopted urging the Board of Freeholders to make the usual appropriation of \$26,000 in the annual budget for the continuance of the work. Dr. W. E. Darnall, president of the mosquito commission, who was present, was called upon for statement of the work done and of that still to be done.

He declared that if the work was stopped at this point the ditches which have been made will become clogged and constitute worse breeding places than any pools which have not been drained. He pleaded for an opportunity to complete the projected work and gave assurance that the pests would be eliminated.

A copy of the resolutions was sent to the Board of Freeholders.

The committee on sanitation and public health in making their report submitted a resolution dealing extensively with the question of the Red Light District in Atlantic City and its influence on the visiting United States Troops as follows:

"Resolved, That the Mayor and Commissioners of Atlantic City be requested to declare by proper resolution or ordinance that venereal diseases shall be classed as contagious diseases and subject to the sanitary code as such.

"Resolved, That the Mayor and Department of Public Safety of Atlantic City be requested to immediately close the "Red Light District" as a sanitary war measure as well as for the protection of our own and visiting young men, and that they reinforce their good prohibitive work against "Street Walkers" as well as isolated or segregated houses of prostitution in Atlantic City.

"Resolved, That the members of the Atlantic County Medical Society stand ready to assist the Department of Public Health of Atlantic City in an advisory capacity or in the treatment of such indigent venereal cases as may be affected by the enforcement of these resolutions.

"Resolved, That a copy of these resolutions be sent to the Mayor and City Commissioners of Atlantic City."

The report and resolution were unanimously adopted.

In connection with the recent malpractice suit against Dr. H. L. Harley of Pleasantville, the following resolution was unanimously adopted:

"Whereas, during November, Dr. Harver L. Harley was at trial in the courts of Atlantic County charged with having rendered malpractice to a certain Rudolph Prandl, sick with pneumonia, and whereas the councillor of the Medical Society of New Jersey has deemed the merits of the case to have justified the State Society in defending Dr. Harley against the allegations, and, whereas, Dr. William Westcott, a member of the Camden County Medical Society did voluntarily and deliberately and willfully give testimony for the plaintiff with intention to sustain the charges against Dr. Harley, whom the State Society was defending.

"Therefore, be it resolved that the members of the Atlantic County Medical Society at this meeting deplore the conduct of the said Dr. William Westcott as related to this case as being improper and adverse to the interests of the Medical Society of New Jersey and unethical towards Dr. Harley, and be it further resolved that the Camden County Medical Society, of which Dr. Westcott is a member, be apprised of the case and the said Camden County Medical Society be appealed to take such action against Dr. Westcott as the case merits."

Captain Gurney Williams, of the Medical Reserve Corps, made another call for recruits for that body, stating that out of the 117 physicians in the county, the government statistics show that thus far eighteen have applied for commissions. He urged the physicians to come forward, stating that unless they did, the government would take steps later to secure the services of as many physicians as it needs. The county had done so well, however, that he had no fear that local physicians would be found wanting.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The annual meeting was held in the Hotel Bellevue, Cape May Courthouse.

The following officers were elected for the year 1918:

President, Robert C. Scott; vice-president, William H. Wells; secretary and reporter, Eugene Way; treasurer, H. H. Tomlin; Board of Censors, T. P. Behrman, 1918; H. H. Tomlin, 1919; W. P. Haines, 1920; delegate to State Society, J. S. Douglass; alternate, F. B. Hughes.

Prof. J. H. Fisher of Jefferson Medical College, Philadelphia, gave an able and instructive address on "Leucorrhoea." It was followed by an interesting discussion by all present.

Capt. J. Gurney Williams, M. R. C. of Atlantic City, gave an interesting talk on the duty of the medical profession in the present war. Statement was made that 48 per cent of the profession of the county were already enrolled in various branches of the service in the U. S.

HUDSON COUNTY.

Charles H. Finke, M. D., Secretary.

The third meeting of the Hudson County Medical Society was held Tuesday evening, December 4, 1917, at 8.30 o'clock.

The program was as follows:

Regular business of society; reports of committees.

Fifteen minutes demonstration: "A New Electrical Stethoscope," by Dr. C. C. Henry, of Brooklyn, N. Y.

Paper of the evening was: "Some Phases of Endocrinology," by Dr. William V. P. Garretson of New York.

MERCER COUNTY.

Enoch Blackwell, M. D., Reporter.

The regular monthly meeting of the Mercer County Medical Society was held in the Commissioners' Chambers, Municipal Building, December 4, 1917.

Dr. C. B. Frarrar, of the Military Hospital Commission of Canada, addressed the society, giving a brief review of the work done during the year in connection with the war, showing how Canada in her haste in preparing an army had made many mistakes and how the United States had profited by Canada's experience. Canada he said deserved great credit for she had got ready and sent over in six weeks an army which took us six months to accomplish and we thought we were doing well.

He said one of the most pressing needs just now is the getting ready of sufficient tuberculosis sanatoria, orthopedic hospitals, etc., for the purpose of caring for the returning diseased and crippled soldiers; 12 per cent. of all soldiers returning as medically unfit are nervous cases and the great majority of those had some pre-existing weakness.

Dr. H. A. Cotton made a few remarks, bringing out the importance of eliminating all such nerve cases before sending army to the front and now, with great care used, it was not possible to get by the various examining boards.

Dr. H. B. Costill, remarked how valuable was the experience and help of Canada to us and how appreciative we should be.

A rising vote of thanks was then given to Dr. Farrar for his interesting address.

Mr. Flasher, of the Metropolitan Life, then explained the nursing service established for its industrial policyholders and said there were trained nurses in Trenton who would respond to any call made by physicians in cases of illness, with another nurse added if there was need.

The following were elected members of the society:

Drs. P. H. Tadusiak, J. M. Mras, Charles R. Sista, D. Barney Levine, Clark H. Gordon, R. B. Seely, Alvin W. Atkinson.

The following were then elected officers for the ensuing year:

President, Dr. Samuel Sicca; vice-president, Dr. Irvine F. P. Turner; secretary, Dr. Lawrence Rogers; treasurer, Dr. Harry R. North; reporter, Dr. Harry D. Williams; Drs. Scarlett, McGuire, Taylor and Hawke were elected annual delegates to the State Society; Drs. Moore Davison, Bellis and Mitchell were elected alternates.

A committee of three was appointed to try to fix upon some plan by which the society could look after the interests of those members who had gone or would later go to the front; the committee to report at the next meeting.

MORRIS COUNTY.

E. Moore Fischer, M. D., Reporter.

The Morris County Medical Society held its regular meeting at Dover on December 11, 1917, at the Mansion House. Dinner was served at 2 P. M., after which the meeting was called to order by the president, Dr. Clifford Mills of Morristown. About half the members responded to the roll call. A motion was carried that all members who were serving the country should be recorded as present and should be carried by the society as members in good standing.

An address on "Some Features in the Diagnosis of Urogenital Conditions," which was made more interesting by lantern slides, was given by Dr. Joseph F. McCarthy of the Post-Graduate Medical School and Hospital of New York City.

In opening the doctor showed a scientific slide of a normal bladder and explained how anyone at all used to cystoscopic work could determine easily what part of the bladder he was examining. An intolerant bladder in the young was suggestive of tuberculosis and in elderly people of malignancy. Pain or difficulty of micturition near the meatus suggested a congenital condition in the urethra, an infection or if more distal a stricture. If in passing a catheter it was necessary to depress it in the deep urethra there was probably some prostatic involvement. The region of the trigone of the bladder was inelastic while the rest of the bladder was easily dilatable. In cystoscopic work the bladder should, besides being examined when extended, be examined while it was nearly finished expelling its contents.

In many cases of sexual neurasthenia a congested verumontanum was found; usually if this were treated with applications of a 20 per cent. solution of silver nitrate a cure was usually effected. Bullous oedema around the openings of the ureters was a common finding. In younger patients a tubercular condition of the kidney often produced this symptom, while in

older persons it was often a sign of malignant trouble or of stone in the kidney. Tuberculosis of the kidney should only be thought to be present if tubercle bacilli were found and pus is present. If there were a stone or other foreign body in the bladder there was pain which was worse at the termination of micturition, haematuria and the other usual symptoms of cystitis. Painless haematuria, especially if idiopathic and which comes on if the patient were either up and about or in bed, was due to growths. If in connection with the growths, whether small or extensive, there was bullous cedema they safely could be said to be malignant. Benign growths never showed such a condition. In many of these conditions high frequency was a distinct benefit, especially, perhaps, in the region of the trigone.

Growths, no matter of what kind, showed a tendency to recurrence in 95 per cent of cases removed surgically. They recurred often in the site of operation, but might be found in other situations.

Treatment could not follow general lines but must take into consideration the size of the stone and the condition of the patient. If only one were present and there was no lessening of dicated and in many cases with very good results. If the condition were primary, operation with subsequent tonics and proper environment was often followed by very good results. In these cases the resistive power was high which helped to localize and limit the disease. Numerous cases were mentioned to give a better idea of symptoms and treatment.

In the discussion of the paper it was suggested that as the early diagnosis of these cases was of distinct benefit to the patient there was a field in Morris County for a man who could give the necessary time to this line of work.

Dr. Fisher spoke of the Free Clinic for diagnosis and treatment of syphilitic conditions at the New Jersey State Hospital at Morris plains. Prior to this, there has been no means by which those unable to pay could receive the necessary treatment. All doctors were urged to send such patients to this clinic and in this way help to stop the ravages of a disease which might affect the innocent and lower the resistance of the mental and nervous system to disease through several generations.

PASSAIC COUNTY.

T. Vincent Connolly, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held on Tuesday evening, November 13th, 1917, at the Braun Building. The meeting was called to order by Dr. Wm. H. Carroll, the president.

Dr. Thomas A. Dingman presented a series of prostatectomies operated by him. He discussed each case individually, seventeen in number, giving a brief history, treatment and result of each. In the majority of cases he has resorted to the two stage operation with excellent results. The paper was discussed by Drs. Spickers and Magennis.

Dr. B. Onuff of Park Ridge, N. J., was the guest of the society. He read and discussed the "Role of Masturbation with Reference to the Psychoses." The paper will be discussed at the next meeting. The society is indebted to Dr. B. Onuff for his most interesting discourse.

After the meeting the members adjourned to

Crawford's restaurant, where an elaborate collation was served through the kindness of our new president, Dr. Wm. H. Carroll.

Dr. August M. Schultz has made application for membership.

December Meeting.

The regular meeting of the Passaic County Medical Society was held in the Fraun Building December 11, 1917; Dr. William H. Carroll presiding.

Dr. A. M. Schultz was elected a member of the society. Dr. W. Spickers presented a case of prolapse of the rectum which was illustrated with drawings. The paper was discussed by Drs. Maclay and Dingman.

Dr. E. J. Marsh presented a patient with epithelioma of the eyelid; this case had previously been reported. One treatment with radium had been given, resulting in marked improvement.

Further discussion took place on Dr. Onuff's paper on "Probable Influence of Masturbation on the Various Psychoses." Dr. Onuff gave a brief resume of his paper and Drs. Surnamer Flood, Cogan and Mitchell took part in the discussion.

On motion it was resolved to hold a memorial service for any deceased member hereafter at the first regular meeting after his death. A motion was adopted that a notice of meetings be sent to all hospitals in the county by the secretary.

On motion the secretary was directed to write to the Congressmen, stating the desire of the society for the passage of the law to be presented to Congress increasing the rank of the Medical Reserve Corps equal to the rank of the regular army officers.

The following resolutions were passed on the death of three of the society's members:

On October 22, 1917, William Francis Gutherson, M. D., member of the Passaic County Medical Society since 1906, died at his home of lobar pneumonia.

A quiet, sensitive, conscientious man who knew no deceit, one whose life was spent in doing the very best he knew how in the least pretentious way. Separated by these inherent qualities from a large acquaintance with men, he early took to the gentler things in life and after taking his bachelor's degree at the University of New York, entered Columbia P. & S., graduating in 1904. After a few years in general practice he finally found himself in pathology, acting first as assistant at the Paterson General Hospital, then at the Miriam Farnet Hospital, finally as pathologist to Saint Joseph's Hospital, where his painstaking, careful, methodical work soon won the recognition it deserved.

To those who knew him well, his memory is one that will not soon fade. His gentleness, self-effacement and modesty will remain with us as long as life. We regret his death for what it has taken from our own lives. We mourn with his family for what can never be replaced in theirs.

In the words of Kipling:

"Scarce had he need to cast his pride or sloth
the dross of earth,
E'en as he trod that way to God, so walked he
from his birth,

In simpleness, in gentleness, honor and clean mirth
 Beyond the loom of the past lone star through
 open darkness hurled,
 Further than rebel comet dared or living star-
 swarm swirled,
 Sits he with such as praise our God for that
 they served his world."
 Charles R. Mitchell, M. D., Thomas A. Ding-
 man, M. D.

Whereas, Dr. Frank D. Rieman, a member of the Passaic County Medical Society departed this life on November 30, 1917, be it there-
 fore

Resolved, That it is the sense of the society that in the death of Doctor Rieman the medical profession of this community has lost a man of sterling character, eminent ability, kindly disposition and great promise, always willing and ready to aid all who required his service whether rich or poor; ethical in his relations with his fellow practitioners and well beloved by all.

We sincerely mourn the loss of Doctor Rieman and extend our heartfelt sympathy to his family.

Whereas, It is our duty to record the death of Dr. John J. Sullivan, a member of the Passaic County Medical Society, one of our prominent, honorable and useful members, as an expression of our sentiments in the loss which we have sustained, be it

Resolved, That we, the members of the Passaic Medical Society, deeply regret the death of our esteemed colleague and desire to express the sense of the great loss suffered by the community, be it also

Resolved, That we tender to the bereaved family our heartfelt sympathy in the great loss which they have sustained, and be it still further

Resolved, That a copy of these resolutions be sent to the family and be placed in full on the minutes.

SUSSEX COUNTY.

H. D. Van Gaasbeek, M. D., Reporter.

The annual meeting of the Sussex County Medical Society was held at the Cochran House, Newton, on Wednesday, November 28. Owing to the small attendance the only business transacted was the election of officers and delegates.

The following were elected for the ensuing year:

President, Thomas L. Pellett; vice-president, H. D. Van Gaasbeek; treasurer, E. Morrison; secretary, Frederick P. Wilbur; reporter, H. D. Van Gaasbeek. Annual delegate to the State Society, Ephraim Morrison.

Our active membership has been so depleted by enlistment in the M. R. C. that it is almost impossible to secure a quorum for our meetings. It is with great sorrow that I have to report the death of Dr. Edward A. Ayres of Branchville, this county. He died on the morning of December 3rd at the Franklin Hospital after a brief illness from pneumonia, aged 61 years, 11 months and 13 days. He was a man of large and varied scientific attainments; a liberal contributor both to medical and lay literature; a lecturer on medical subjects; a man of genial and unassuming manners, devoted to his family and very fond of outdoor sports. He

leaves a wife, a son and one daughter. We shall miss him very much. (The reporter gives other biographical notes concerning Dr. Ayres which are embraced in the sketch under Death notices.—Editor).

Local Medical Societies.

Bayonne Medical Society.

Louis Lipshitz, M. D., Reporter.

A meeting of the Bayonne Medical Society was held on Monday evening, December 17, 1917.

The following interesting cases were reported:

Dr. Brooke: Case of cancer of splenic flexure of colon in man 43 years old, where there was no interference with bowel movement or loss of weight.

Dr. Sexsmith, 1: Case of compound fracture of wrist that developed colon infection with suppuration and high temperature; was treated with colon bacillus vaccine; temperature came down and general improvement occurred. 2: Case of fracture of base of skull with subdural hemorrhage; relieved by removing button of bone and removing four ounces of blood from subdural space.

Dr. Klein: Case of painful anasarca.

Dr. Frank: Case of general arthritis; was an invalid three years ago; was treated with pituitary body; deformity disappeared and patient is now able to work.

Dr. Axford, 1: Case of constant headache due to fracture of parietal bone; relieved by double decompression. 2: Case of spindle-cell sarcoma under quadriceps. 3: Case where a number of transverse processes of vertebrae were fractured and patient was able to go about.

Dr. Marshak: Two cases of general anasarca. On tapping the abdomen a white milky fluid was obtained from both. A grave positive diplococcus was isolated which did not grow on any media.

Dr. Swiney: Ruptured duodenal ulcer without pain or vomiting or other suggestive symptoms.

Dr. I. Marshak of Denver, Colorado, then gave a talk on the institutional care of advanced cases of pulmonary tuberculosis, illustrated by a large number of well-selected radiograph slides.

Clinical Society of the Oranges.

Charles D. Moulton, M. D., Secretary.

The annual meeting of the Clinical Society of the Oranges was held on Tuesday evening, December 3, 1917, at the home of Dr. Muta in West Orange. Called to order at 9.20 P. M., Dr. McLellan in the chair. Members present—Drs. McLellan, Moulton, Mount, Muta, Parker, Ringland, Smith and Warner. The guests were: Dr. Oscar A. Mockridge of Newark, Dr. Walter Dodge of Orange, and Dr. Frank B. Lane of East Orange.

Minutes of the two last meetings read and approved. The treasurer's report for the year was read.

Election of officers for the coming year then took place. For president, Dr. R. F. Ringland was nominated by Dr. Muta. On motion of

Dr. Warner it was resolved that the nominations be closed. Dr. Ringland then took the chair. For secretary and treasurer Dr. Smith was nominated by Dr. Warner, and Dr. C. D. Moulton was nominated by Dr. Smith. On motion of Dr. Smith it was resolved that Dr. Moulton be unanimously elected. In these elections Dr. Mount voted proxies for Dr. Adams and for Dr. Buvinger, and Dr. Ringland voted proxy for Dr. Seidler.

Under new business, the secretary read two letters from Lieutenant C. W. Buvinger and three letters from Lieut. J. K. Adams.

The paper of the evening was read by Dr. Oscar A. Mockridge of Newark. The subject was "Asthma in Children."

The paper was discussed by Drs. Smith, Lane, Moulton, Dodge, Muta, Ringland and Mockridge.

Under reports of interesting cases Dr. Mount reported a case of unresolved pneumonia in a man of 31. He had had a very toxic pneumonia four months ago, followed by slow convalescence with marked weakness and loss of weight, night sweats, persistent cough and fever, and flatness and loss of breath sounds over one lower lobe. After a stay of five weeks at Virginia Hot Springs he had regained all of his weight, his appetite, and much of his strength, and had been able to return to office work. A slight cough persisted and the lung was no clearer than before, but his expansion was doubled. X-ray had been negative; no fluid had been obtained by the needle, and the sputum had been negative for tubercle bacilli four times. In spite of some advice to the contrary it seemed best to recommend general exercises and deep breathing exercises.

Dr. Lane reported a case of unresolved pneumonia in a man who had had a tuberculous hip, who was much improved after a three months' stay in the South, whose lung and side were practically normal in a year, but he developed a grippe pneumonia and died quickly of tuberculosis.

Dr. Warner reported a case of unresolved pneumonia in a patient who recovered after many months and is now in the army.

Dr. Muta reported a case of deformed pelvis in which a midwife had attempted to deliver, and because it was thought unsafe to do a caesarian, a version and craniotomy were done. In her second labor a caesarian was done, the tubes were resected, and the mother and babe did well.

Dr. Muta reported a case of ruptured gangrenous appendix in a girl whose pain occurred just at the time her period was expected, and then the pain suddenly ceased with the development of fever, rapid pulse and rigidity. The wound was drained for a week, but then a pus pocket seemed to develop, which suddenly cleared up.

Dr. Barker reported a case of central pneumonia in a boy of 18, with a fever of 106, pulse 140 and slow respirations, a slightly rigid neck and abdomen and headache. The spinal fluid was negative, the leucocytes 35,000 and the polynuclears 90 per cent. Anterior poliomyelitis was considered a possibility. On the third day dullness was made out and on the next day bronchial breathing. There was practically no cough till the sixth day.

Dr. Moulton reported a case of diabetes in a

man who was much worried over business and had lost 23 lbs. in three weeks. At the Rockefeller Institute milk and bread were eliminated from his diet, and the sugar cleared up in a week. He had diabetes for five years, but had no acetone or diacetic acid. He had had a cough, and later he developed tuberculosis.

Dr. Dodge reported that a boy of six years, a small boy for his years, and childish looking, but apparently normal in other respects, had the genital organs of a fully developed man. The development had begun when he was 4½ years old. This condition is not so rare in girls. Dr. Mockridge said that this is common in idiots.

Adjourned at 11.05 P. M.

Morristown Medical Club.

E. Moore Fisher, M. D., Reporter, Morris County Medical Society.

The Morristown Medical Club met at the Mansion House, Morristown, as guests of Dr. G. L. Johnson of Morristown, on the evening of November 28, 1917. Dr. James Douglas was in the chair. Owing to the war, several meetings of this club have not been held and in an endeavor at reorganization it was decided to hold a business meeting at Day's in Morristown during December.

Dr. F. W. Flagge was elected secretary pro tem for the rest of the year in place of Dr. J. A. Dean, at present somewhere in France.

A committee was appointed to draw up suitable resolutions following the death of our late member, Lieut. J. B. Griswold, U. S. M. R. C.

Among the visitors present was Dr. Fletcher F. Carman of Montclair.

Dr. J. Samuel Stage of Newark read a paper entitled "Uterine Myomata with Report of a Case." (This paper has been promised for publication in the Journal). The principle condition from which uterine myomata must be diagnosed was pregnancy, though the two might be found in combination. Bleeding when a symptom pointed to small myomata but might be due to placenta previa, though the doctor believed that supravaginal hysterectomy might be the operation made necessary because of a patient's low vitality. He considered hysterectomy by the abdominal route the operation of choice. The former could be done more rapidly and might save life but as the cervix was left it might be the site of carcinoma later, or give rise to unpleasant discharges. In the case reported the patient had slight flowing and debility for over two years but refused examination until pressure on the sacral nerves gave severe pain in the thighs and later in the heels which could not be allowed to touch anything. A large myoma was removed as soon as possible because the patient's general condition was poor, by the vaginal route, and the patient made rapid uneventful recovery.

In the discussion, Dr. C. Mills and Dr. F. H. Glazebrook differed from Dr. Stage and thought that as a rule the cervix should be allowed to remain, as this allowed a much stronger pelvic floor to be retained. This should be done especially if the cervix appeared healthy. Dr. Mills also said there were three indications for operations: excessive hemorrhage, signs of bladder pressure and also if the mind showed signs of being affected. The size of the myomata was no criterion. Children might be born

even when large uterine myomata were present. Dr. Glazebrook thought the reason radium helped was that it produced an artificial menopause. Others who joined in the discussion were Drs. Flagge, Horn, Vaughn, Foster, Douglas and Coultas.

Dr. Stage, in reply to queries, said that the x-ray and radium had been tried with fair success but that there was a possibility of too rapid resolution of the myoma, with subsequent toxic symptoms, and these remedies were not always at hand or the condition of the patient might not permit of delay. Until there were marked indications for operation, it could be delayed and other means might be given a trial.

Before departing, all partook of an enjoyable repast provided by the host of the evening.

Miscellaneous Items.

First Woman Mayor in England a Physician.

Dr. Elizabeth G. Anderson, the first woman to be elected as mayor of a town in England, and a prominent physician, died December 17. She graduated from the University of Paris in 1870; was a member of the first school board of London; was dean of the London School of Medicine from 1883 to 1903; was elected mayor of Aldeburg in 1908.

Very Important Item.

Right now, at the beginning of the fall season, is the time to overhaul your country medical society and inject new life.

The general disorganization caused by war preparations has had its effect on medical organizations in many communities. This must not be. There never was a time in the history of the State when the need for intensive organization was greater. There never was a time when it was more necessary to maintain a high standard of efficiency in the medical profession. Not only problems incidental to wartime are pressing, but many home conditions will need attention during the coming months. It is of the greatest possible importance that county medical societies keep in touch with the survey that has been started by the State in the field of sickness insurance. The executive secretary has arranged to keep the legislative committeemen of each society in close touch with the progress of this survey, and these problems as they arise should be made the subject of careful discussion in the county society meetings. This is a big subject—the biggest that has ever faced the profession in this State, and unless we keep in touch with it from the start irreparable damage may be done.

Keep in touch with your District Councilor. If he doesn't volunteer to visit your society, get after him. Keep him informed as to your programs, and if there is internal trouble in your organization, call him in.

And, for goodness' sake, support your county society officers when they attempt to speed up things and get results. Remember, they are not paid to cajole you into attending meetings or reading a paper. They are doing it, unselfishly, in an honest endeavor to improve medical practice conditions in your county, your State and the nation.—Ohio State Med. Journal.

Medical Journals Consolidated.

The Pacific Medical Journal, the oldest journal on the Pacific Coast, which has just issued its 60th volume, has been acquired by Dr. W. J. Robinson, and will be consolidated with The American Journal of Urology and Sexology, under the editorship of Dr. Robinson, at 12 Mt. Morris Park West, New York City.

A Medical Commission, But No Medical Man On It.

According to the newspapers, President Wilson has nominated as members of the workmen's compensation commission, to administer the federal Employees' Liability Act, the Reverend R. McMillan Little of Swarthmore, Pa., a preacher in the United Presbyterian church; a Mrs. Axtell of Bellingham, Wash., a social worker and a defeated candidate for Congress, and a J. J. Keegan of Indianapolis, a member of the International Association of Machinists, formerly a member of the state legislature, and more recently a commissioner of conciliation in the Department of Labor. The first of those mentioned above is stated to be a Republican, the second a Progressive, and the third a Democrat; none is a physician. Probably 90 per cent. of the work of the commission will be medical in character.—Amer. Med. Ass'n Journal.

The Increase of Insanity.—An article in the Modern Hospital points out that whereas the population of the United States has increased 11 per cent. between 1904 and 1910, the number of persons in insane asylums has increased 25 per cent. during this same period.

Academy of Medicine of Northern New Jersey.

The stated meeting of the academy will be held Wednesday, January 16, 1918, at 8.45 o'clock P. M.

After the regular business and the election of new members a paper will be read by Dr. William Sharpe of New York on "Recent Advances in the Surgery of the Brain and Spinal Cord," with moving pictures.

The Section on Pediatrics will meet on Tuesday evening, January 8th, at 8.45 o'clock. There will be reports of cases and a Symposium on the Treatment of Pneumonia; (a) Infants, by Dr. Julius Levy, discussion opened by Dr. E. W. Murray; (b) Children, by Dr. E. G. Wherry, discussion opened by Dr. O. A. Mockridge; (c) Adults, by C. E. Tector, discussion opened by Dr. F. C. Horsford; (d) The Aged, by Dr. W. S. Disbrow, discussion opened by J. D. Lippincott.

The Sections on Surgery, Obstetrics and Gynecology—under the auspices of the Section on Surgery—will meet on Tuesday evening, January 22nd, at 8.45 o'clock. There will be reports of cases and a paper by Capt. Carl H. Wintsch, M. D., on "Transfer of Casualties from the Front Line of Trenches to Base Hospital."

The Section on Eye, Ear, Nose and Throat will meet on Monday evening, January 28th, at 8.45 o'clock. There will be reports of cases—one on "Proliferating Retinitis," by Dr. J. Franklin Chatin. A paper will also be presented which will be announced on section postal card.

THE JOURNAL

OF THE

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PUBLICATION COMMITTEE:

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

PLEASE GIVE ATTENTION!!

We regret the necessity of calling our members' attention to the printed "note" which is in every issue of the Journal—at the head of the editorial pages. An immense amount of correspondence; considerable expense and much delay would be saved if the rules there given were observed. We emphasize them here in order to avoid misunderstanding to help those who write us and to enable us to give the time thus saved to the Journal:

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All matter for the Editor should be sent to New Brunswick. All matter for the Chairman of the Publication Committee, to 115 Beech street, Arlington, N. J.

VOLUME XIV. COMPLETED.

We have been compelled, because of the long, continued and serious illness of the Secretary of our State Society to defer

printing in our Journal the Transactions of the Society's last annual meeting, and in order to include the items of business in the 1917 Index, we issue the Transactions as a supplement to the December Journal—continuing the page number from the last page number of the regular December issue, in order that they may be bound in the 1917 Volume of the Journal.

OUR PRESIDENT LIEUT. COL. WILLIAM G. SCHAUFFLER, M. D.

We have greatly missed the presence, counsel and good cheer of our president since his election in June last, and the only pleasure and satisfaction we have had in contemplating his absence has come from the knowledge of the fact that he is honoring us and our Society even more in the splendid service he is rendering our beloved country in the Medical Corps of our Army, than he could in the discharge of his official duties as president of our Society and our leader in the great welfare we are waging against sickness, disease and death.

We were greatly pleased to receive from him a good long letter recently from Camp Beauregard, Louisiana, where he is very ably serving as Division Sanitary Inspector, 39th Infantry Division, U. S. Army. We know our members will be glad to share with us the information the letter gives as well as to thank him for his hearty greetings and his interest in the State and County Societies' work. We insert his letter, omitting only an item of our Society's business as its opening paragraph:

Camp Beauregard, La.,
 39th Infantry Division,
 Dec. 4, 1917.

My dear Dr. English:

The medical work of this camp is just now very strenuous. We have over 22,000 members, and we are in the midst of a severe epidemic of measles, mumps and broncho-pneumonia, with enough cases of cerebro spinal meningitis to make us very anxious. This epidemic was brought on by the influx in six days of good draft men from a neighboring National arm camp which was badly infected. In spite of our most strenuous efforts and rigid quarantine the measles spread very rapidly and the broncho-pneumonia has followed in its wake. Practically every case and all the fatal cases of broncho-pneumonia are in men who have had measles. The weather conditions—warm days and cold damp nights, together with exposure in tents in insufficient clothing have all conduced to lower the men's vitality. However, we are

beginning to see daylight and are hoping that the sick rate will soon be much lower. We have a splendid set of medical officers in our requirements, and an especially brilliant staff of Medical Reserve Corps officers at our Base Hospital. The State of Louisiana has placed its fully-equipped laboratory cars at our disposal. They are on a siding at camp, and in connection with our Base Hospital Laboratory are giving most valuable assistance, especially in the detection of meningococcus carriers. We are making a systematic examination of all draft men and are finding many carriers whom we isolate and treat.

It may be of interest to know that the venereal disease rate decreases every month that the men are in camp. From a little over 10% per 1,000 in September, it has dropped to 2.9% per 1,000 in November. Too much praise cannot be given to the Y. M. C. A. for its devoted and most efficient work in this and all other army camps at home and abroad. The secretaries are live wires, devoted and wise, and their influence is telling on the lives of the men.

It is a long way from New Jersey to Louisiana, but I wish I might now and then see a familiar face. Last Saturday Surgeon-General William C. Gorgas came here on an inspection tour and with him came our good friend Dr. Welsh of Johns Hopkins, and Major Victor Vaughan of Ana Arbor, who so thrilled us with his oration at our meeting in June. These two men are giving up their whole time to the work of assisting with their advice and influence our wonderful surgeon-general.

One of my chief regrets in being away from New Jersey this year is that I am obliged to forego the privilege of meeting with the various county societies. I had planned to attend a meeting in each county during my term of service as president of the State Society. Will you convey to all my heartiest greetings and sincere good wishes for a successful year.

Very sincerely yours,

W. G. SCHAUFFLER,
Division Sanitary Inspector,
39th Infantry Division.

The editor has no hesitation in assuming authority to speak for our entire membership, as we assure Dr. Schauffler that we have been glad to hear from him, thank him for his hearty greetings and good wishes and send our warm greetings and best wishes for the highest success of the great work committed to him, and we send the same to all associated with him in the

service of our country. We insert in this issue of our Journal a picture of the doctor, expressing only one regret, that it fails to do him justice; we also give a brief biographical sketch of him culled from the incomplete data at hand.

William Gray Schauffler, A. B., A. M., M. D. Born October 28th, 1863 in Constantinople, Turkey, where his parents and grandparents were missionaries of the American Board of Missions.

Educated at Phillips Academy, Andover, Mass., and Amherst College from which he graduated in 1886; graduated from the College of Physicians and Surgeons, Columbia University, in 1889; was on the staff—surgical side—of the New York Hospital, N. Y. City, July, 1889, January, 1891; Professor of Physiology and Obstetrics and Gynecology, Medical Department of Syrian Protestant College, Berrat, Syria, 1891-1896; has practiced medicine in Lakewood, N. J., since November, 1896.

President of the New Jersey Sanitary Association; member of the N. J. State Board of Education for seven and a half years and its president 1911-1915; was elected third vice-president of the Medical Society of New Jersey in 1914, second vice-president in 1915, first vice-president in 1916, and at the June annual meeting of 1917 was elected its president.

He has been Lieutenant Colonel Medical Corps N. G. N. J. and Surgeon-General of the State since January 1, 1914; on the staff of Governors John Franklin Fort, Jas. B. Fielder and William E. Edge. He was commissioned Lieut. Col. Medical Corps, National Guard Army, August 8, 1917, and assigned as Sanitary Inspector 39th Infantry Division, Camp Beauregard, Louisiana.

ANNUAL DUES.

Special attention is called to the action of our Society at the annual meeting reducing the Dues to two dollars for the year 1918, which amount includes the one dollar subscription for the Journal. The advance in cost of paper, labor and postage was not foreseen, and it is very important not only that every member shall promptly pay his dues, but also use his influence to increase the Society's membership by earnest appeals to the physicians in our State—more than 1,000 in number—who are eligible to membership and who ought to manifest their loyalty to the profession by becoming members of our Society, as they are led to realize what a thoroughly organized medical profession would mean. It would raise our

standards, more fully command the respect of legislators and the public; assist us in ridding the State of quacks and nostrums that are robbing the public, and would enable physicians to dispense a *true* charity rather than the *false* variety that has been bestowed with a prodigality that has tended towards pauperizing the profession and encouraging imposition, falsehood and deception on the part of those who are not worthy objects of charity.

REMITTED DUES.

Our State Society also agreed to remit the 1918 dues of members who offer their service to our country and are commissioned. This would still further reduce our Society's income. While that action was eminently proper, we call attention to the action taken by two county medical societies—voting unanimously to pay the State Society dues of all their members who are or shall be commissioned for medical service in the present war, during their respective terms of service. This is highly commendable and we suggest that the other county societies shall consider the matter and decide whether they will show a like spirit of patriotism in conferring honor on the men who are honoring and serving us in their service of our country.

BOARD OF TRUSTEES.

There will be a meeting of the Board of Trustees of the Medical Society of New Jersey on

SATURDAY, JANUARY 19, 1918,

at 2 o'clock P. M. The place has not yet been definitely fixed; the members will be notified by mail. Please remember day and hour and plan to attend if possible.—D. C. English, secretary.

VOLUME XV.

With this issue of the Journal we begin the fifteenth volume, and although the stress and strain of these war times, with so many of our helpers absent—in our country's service makes our work more difficult, we shall try to maintain and, if possible, increase its worth to our members. In order to do so, however, we must rely on the officers and members of our county societies for the information and help they can give us. We urge an early report of every county and local medical society meeting; the sending to the Editor reports of important clinical cases occurring in private or hospital practice; prompt report of every mar-

riage and death of members; any important personal notes concerning physicians at home or in the country's service; correspondence on medical subjects needing discussion—legislation, hospitals, nurses, sanatoria, etc.

The medical profession of New Jersey is doing excellent work, we want that work reported in our Journal as far as possible and practicable. Reader, resolve now that you will be one of our helpers, and let us hear from you.

N. J. SANITARY ASSOCIATION.

The forty-third annual meeting of this association held at Lakewood last month was one of the best of the series, though the attendance was smaller than usual, owing to the very inclement weather and the stress and strain of war times which is affecting all our societies of professional men. The program was not overcrowded with papers and those that were presented were practical and adapted to present conditions of sanitation in war times.

The Physical Training Law for our Public Schools was very ably presented by Hon. A. N. Pierson, a member of the Legislature whose close study of school children's needs led him to prepare this law and secure its passage, which gives New Jersey pre-eminence—as having the best law on this subject of any State. The annual address of President C. N. Kendall on "The Schools and Health," was very able and interesting. He dwelt upon this new law and on the readiness and enthusiasm with which it was already being put in operation in many of our public schools. The papers on "Infant Mortality Under War Conditions" by Dr. Crum; "Venereal Diseases in Army, Navy and Civil Population," by Major Thompson, M. D., M. R. C.; "The Work of Sanitary Engineers in Protecting the Health of the Soldier at Cantonments," by Allen Hazen of New York; "The Physical Examination of Food Handlers and Workers in Industrial Plants," by Dr. Harris of New York, and "Effective Methods of Fly Control," by T. J. Headley, Ph. D., of New Brunswick, were all of a high order of excellence. Maj. W. C. Davis, M. R. C., U. S. Army, also gave an interesting account of the sanitary work done at Camp Dix. The paper by Major W. P. Eagleton, M. D., on "The Civil Surgeon and the National Army" was received with the enthusiasm it deserved because of its patriotic sentiment eloquently expressed. We hope to give some of these papers in future issues of our Journal.

THE MEDICAL RESERVE CORPS STILL NEEDS VOLUNTEERS.

Dr. J. C. Bloodgood, Major M.O.R.C., in a circular on Medical Preparedness recently issued says that the situation of the Medical Reserve Corps in regard to numbers has become less acute. About 14,000 are commissioned and 7,000 are in process of being commissioned. But while 21,000 medical officers would meet the requirements for an army of two million men, the indications are that a much larger army will be needed and that the medical profession of this country will be tested to its utmost capacity.

At a recent meeting in Chicago of the State Committees of the National Council of Defense it was decided to petition Congress to create a Reserve Medical Officers Reserve Corps. When this is created, every qualified physician at any age will be given the opportunity and honor to volunteer his services and be enrolled. After that every physician will be in a position either to wear the insignia of honor of the Reserve Medical Officers Reserve Corps, or the uniform of active service in the Medical Officers Reserve Corps. From the new Reserve Medical Officers Reserve Corps the Surgeon-General will be able to select medical officers as they are required for service in France or at home.

Dr. Bloodgood in closing his circular says: The present great problems are:

The training of physicians in civil practice for military duty;

The protection of the army in training in this country from venereal infection.

The future great problem when our wounded begin to return to this country, will be the reconstruction and re-education of the crippled soldiers.

The great and only necessity of the present in the successful carrying on of this war. The medical journals of this country should do all in their power to keep the profession properly informed and to stimulate them for this great endeavor.

Our New Jersey physicians have nobly responded to the country's call for their services; many early offered themselves and their example led others to do so; Majors Kraker, MacDonald and Williams have rendered good service by their visits to our medical societies in presenting the needs and urging to action. More than 500 have volunteered and most of them have been already commissioned. The future will doubtless need two or three hundred

more medical officers as New Jersey's share to meet the requirements of a largely increased army. We believe that the spirit of patriotism will not be lacking, in time of a war that threatens the national life and humanity's welfare, in the ranks of a profession that knows what sacrifice means and has ever exhibited it in the care of suffering humanity in times of peace.

EDITOR'S GREETING.

The Editor gives hearty greetings to every reader of the Journal, wishing each a

Happy New Year

as happy as existing war and business conditions make possible, and he sends to each member on our Honor Roll—in the service of our country, his earnest expression—God Bless You, guiding, protecting and giving great success. We hope that before the year closes we shall have the joy of welcoming them back to their home fields of work and to our professional circles, when we will rejoice together over a world freed from the blighting and destructive spirit of autocracy.

CLEMENCEAU—A PHYSICIAN

The man of the hour in France is George Clemenceau, noted as an editor, as Prime Minister of France, as a "wrecker of cabinets," and characteristically as "the stormy petrel of French politics." It will come as a surprise to physicians to know that this conspicuous figure in the political life of France is a physician, the son of a physician and that for a time, according to the *New York Times*, he practiced medicine in Stamford, Conn., and in New York. Clemenceau was born in 1841, was licensed to practice medicine in 1865, and between 1865 and 1869 established himself on West Twelfth street in New York City. Failing in the practice of medicine, he became an instructor of the French language and literature in Miss Aikens' Young Ladies' Seminary at Stamford, Conn. Here he married one of his pupils, Miss Mary Plummer of Springfield, Mass. He returned to France in 1870. Of his career as a physician but little is known. Among his works is one on the "Generation of Anatomic Elements." It is quite probable that his training as a physician influenced his political career.—A. M. A. Journal.

We regret to hear, as the Journal goes to press, of the death of Dr. John C. Albright of South Amboy, long a member of the Middlesex County Society. Further notice will be given next month.

Special War Items.

MEDICAL RESERVE CORPS.

Supplementary List—Recommended for Commissions.

Major—Dr. Joseph MacDonald Jr., East Orange, has been promoted from Captain to Major, M. R. C., U. S. A.

Captains—Henry Miller Anderson,* Allentown; Ferdinand G. Angeny,* Avon; James Breslin,* Gloucester City; George W. Fithian,* Perth Amboy; Leonard F. Hatch,* Vineland; Philip G. Hood, Manasquan; Charles R. Mitchell,* Paterson; William H. Slocum,* Long Branch; Harry Vaughan,* Morristown.

First Lieutenants—Addison H. Bissell, Newark; Franklin C. Brush, Camp Dix; Henry J. Collins, Trenton; Brooke Dodson, Carney's Point; James W. Doughty, Arlington; Isadore H. Franklin, Jersey City; Walter J. Jones, Camden; Carroll E. Kirschbaum, Upper Montclair; Arthur E. Lee, Belleville; Basil E. Strode, East Orange; Charles F. Voorhees, Palmyra; George W. Williams, Trenton.

*Promoted from Lieutenants to Captains.

Medical Advisory Boards.

These boards have been selected by Lieut. Philip Marvel of Atlantic City, who was commissioned in the Medical Reserve Corps by the President for that purpose.

There will be one medical advisory board in each of the twenty-one counties, except Essex, Hudson and Bergen, which will have two boards each:

Atlantic County—Dr. Joseph C. Marshall, Dr. William M. Fox, Dr. Emery Marvel, Dr. William B. Stewart, Dr. Claude Coulter Charlton, Dr. James Charles McVay, Burritt B. Filer, D. D. S.; Dr. Edward Z. Holt, Dr. W. A. Roulon, Dr. Clarence L. Andrews, all of Atlantic City.

Bergen, No. 1—Dr. Edwin Holmes, Englewood; Dr. Edmund N. Huff, Englewood; Dr. Walter Phillips, Englewood; Dr. G. P. Pitkin, Bergenfield; Dr. Andrew Neiden, Englewood; Dr. G. H. Ward, Englewood; Dr. Robert A. Sheppard, Englewood; Dr. J. W. Proctor, Englewood; Dr. John E. McWhirter, Englewood.

Bergen, No. 2—Dr. G. Howard McFadden, Hackensack; Dr. J. Finley Bell, Englewood; Dr. Edgar K. Conrad, Hackensack; Dr. James W. Proctor, Englewood; Samuel E. Armstrong, Rutherford; Dr. George H. Ward, Englewood; Dr. S. T. Hubbard, Hackensack; Dr. M. R. Brinkman, Hackensack; Dr. J. R. Proctor, Englewood; Dr. R. Gilady, Hackensack.

Burlington—Dr. Joseph Stokes, Moorestown; Dr. Alexander Marcy Jr., Riverton; Dr. Ephraim R. Mulford, Dr. David H. B. Ulmer, Moorestown; Dr. Harold Langsdorf, Mt. Holly; Dr. Roscius I. Downs, Riverside; R. S. Clark, D. D. S., Mt. Holly; F. W. Shafer, Camden; Dr. Alfred Gordon, Burlington.

Camden—Dr. Thomas B. Lee, Camden; Dr. Paul H. Markley, Camden; Dr. George D. Woodward, Camden; Dr. A. Haines Lippincott, Camden; Dr. J. Anson A. Smith, Camden; Dr. Levi B. Hirst, Camden; Dr. Alfred C. Cramer, Camden; Dr. Joseph E. Duffield, Camden; Dr. Joseph L. Nicholson, Camden; Dr. Joseph E. Roberts, Camden; Dr. F. B. Lynch, Camden.

Cape May—Dr. Walt P. Conaway, Atlantic City; Dr. Claude M. Fish, Pleasantville; Dr.

Theodore Sensenman, Atlantic City; Dr. Edwin H. Harvey, Atlantic City; Dr. Otis D. Stickney, Atlantic City; Dr. William M. Pollard, Atlantic City; A. A. Wescott, D. D. S., Atlantic City; Dr. Henry T. Harvey, Atlantic City; Dr. Randolph Marshall, Tuckahoe; Dr. S. Dixon Mayhew, Wildwood; Dr. Herschell Pettit, Ocean City; Dr. Willet P. Haines, Ocean City; Dr. Frank Hughes, Cape May City; Dr. Julius Way, Cape May City; Dr. Allen Corson, Ocean City.

Cumberland—Dr. Harry E. Iore, Cedarville; Dr. H. H. Wilson, Bridgeton; Dr. Walter P. Glendon, Bridgeton; Dr. C. P. Lummis, Bridgeton; Dr. John H. Moore, Bridgeton; Dr. Thomas J. Smith, Bridgeton; Dr. J. C. Loper, Bridgeton; Warren C. Lummis, D. D. S., Bridgeton; Dr. Matthew K. Elmer, Bridgeton; Dr. Thomas B. Roberts, Bridgeton; Dr. Sherman Garrison, Cedarville.

Essex No. 1—Dr. Charles E. Teeter, Dr. Clarence R. O'Crowley, Dr. Christopher C. Beling, Dr. Frederick C. Jacobson, Dr. Raymond A. Albray, D. D. S.; Dr. Edgar Holden, Dr. Ernest Reissman and Dr. John W. Gray of Newark, and Dr. Thomas N. Gray and Dr. Thomas W. Harvey of Orange.

Essex No. 2—Dr. E. W. Sprague, Newark; Dr. J. M. Fine, Newark; Dr. E. Z. Hawkes, Newark; Dr. H. C. Povey, Newark; Dr. Wm. Hicks, Newark; Dr. Wm. O. Quimby, Newark; Dr. Linn Emerson, Orange; Dr. John Currier, D. D. S., Newark; Dr. Robert E. Soule, Newark; Dr. Chas. F. Baker, Newark; Dr. F. A. Sutton, Orange.

Gloucester—Dr. George E. Reading, Woodbury; Dr. Ralph K. Hollingshead, Westville; Dr. J. Harris Underwood, Woodbury; Dr. Vernon E. DeGrofft, Swedesboro; Dr. J. Anson Smith, Camden; Dr. James Hunter, Westville; Dr. Gilbert J. Palen, Woodbury; Dr. Harry A. Stout, Wenonah; Dr. Joseph E. Roberts, Camden; Dr. Elwood E. Downs, Mullica Hill; Joseph G. Halsey, D. D. S., Swedesboro.

Hudson No. 1—Dr. H. S. Forman, Jersey City; Dr. Barth S. Pollak, Jersey City; Dr. William F. Faison, Jersey City; Dr. Stanley Rogers Woodruff, Bayonne; Dr. Arthur P. Hasking, Jersey City; Dr. Wallace Pyle, Jersey City; G. H. Grim, D. D. S., Jersey City; Dr. Henry J. Bogardus, Jersey City; Dr. W. Homer Axford, Bayonne; Dr. J. P. Vonderleith, Jersey City.

Hudson No. 2—Dr. J. Morgan Jones, Jersey City; Dr. G. P. Curtis, Union Hill; Dr. William Friele, Jersey City; Dr. Stanley R. Woodruff, Bayonne; Dr. W. J. Arlitz, Bayonne; Dr. Edward L. Bull, Jersey City; Albert Kerr, D. D. S., Union; Dr. H. J. Bogardus, Jersey City; Dr. W. Homer Axford, Bayonne; Dr. J. P. Vonderleith, Jersey City.

Hunterdon—Dr. O. H. Sproul, Flemington; Dr. S. B. English, Glen Gardner; Dr. G. B. Thomkins, Flemington; Dr. Louis C. Williams, Lambertville; Dr. George L. Romine, Lambertville; Dr. Fred H. Decker, Frenchtown; W. W. Hawke, D. D. S., Flemington; Dr. Leon T. Salmon, Lambertville.

Mercer—Dr. George M. Moore, Trenton; Dr. Paul E. Kuhl, Trenton; Dr. George N. J. Sommer, Trenton; Dr. E. B. Funkhouser, Trenton; Dr. H. R. North, Trenton; Dr. W. B. Olmstead, Trenton; Dr. Charles C. Forsythe, Trenton; Dr. George H. Parker, Trenton; Dr. Charles H. Holcombe, Trenton; Dr. R. B. Fitzrandolph, Trenton.

Middlesex—Dr. John G. Wilson, Perth Amboy; Dr. Charles I. Silk, Perth Amboy; Dr. F. M. Donohue, New Brunswick; Dr. Arthur L. Smith, New Brunswick; Dr. Benjamin Gutmann, New Brunswick; Dr. Barth M. Howley, New Brunswick; George S. McLaughlin, D. D. S., New Brunswick; Dr. C. W. Naulty, Perth Amboy; Dr. John F. Anderson, New Brunswick.

Monmouth—Dr. William W. Beveridge, Asbury Park; Dr. H. P. Slocum, Long Branch; Dr. Harry A. Shaw, Long Branch; Dr. James A. Fisher, Asbury Park; Dr. William K. Campbell, Long Branch; Dr. John A. Hill, Long Branch; William I. Thompson, D. D. S., Red Bank; Miss Minnie Ireland, Long Branch.

Morris—Dr. James F. Horn, Morristown; Dr. Samuel C. Haven, Morristown; Dr. Clifford Mills, Morristown; Dr. Britton D. Evans, Morris Plains; Dr. E. Blair Sutphen, Morristown; Vernon D. Rood, D. D. S., Morristown; Dr. Clarence A. Plume, Succasunna; Elvira Dean, Morristown.

Ocean—Dr. Vanderhoef M. Disbrow, Lakewood; Dr. Stewart Lewis, Lakehurst; Dr. Charles L. Lindley, Lakewood; Dr. George W. Lawrence, Lakewood; Dr. Irwin H. Hance, Lakewood; Dr. R. R. Jones, Toms River; A. D. Baily, D. D. S., Lakewood.

Passaic—Dr. David R. Crounse, Passaic; Dr. John N. Ryan, Passaic; Dr. William H. Carroll, Passaic; Dr. F. S. Caverly, Passaic; Dr. David E. Warren, Passaic; Dr. F. F. C. Demarest, Passaic; Dr. William Earle Chase, Passaic; Dr. Charles A. Rice, Passaic; Dr. Gerard J. Van Schott, Passaic; Dr. Percy H. Terhune, Passaic; Dr. Louis G. Shapiro, Paterson.

Salem—Dr. George E. Reading, Woodbury; Dr. Ralph K. Hollinshead, Westville; Dr. J. Harris Underwood, Woodbury; Dr. Vernon De Grofft, Swedesboro; Dr. J. Anson Smith, Cooper Hospital, Camden; Dr. Gilbert J. Palen, Woodbury; Dr. James Hunter, Westville; Joseph G. Halsey, D. D. S., Swedesboro; Dr. Harry G. Stout, Wenonah; Dr. Joseph E. Roberts, Camden; Dr. Elwood E. Downs, Mullica Hill; Dr. John F. Smith, Salem; Dr. William T. Good, Alloway; Dr. Joseph M. Husted, Woodtown; Dr. William H. James, Pennsville; Dr. Eugene De Grofft, Woodstown, Dr. Clifford M. Sherron, Salem; Dr. Warren C. Ewen, Salem; Dr. J. V. Conover, Elmer; S. I. Callahan, D. D. S., Woodstown; Dr. Elwood E. Downs, Mullica Hill.

Somerset—Dr. Thomas, J. Flynn, Somerville; Dr. John H. Runnels, Plainfield; Dr. Aaron L. Stilwell, Somerville; Dr. E. Moore Fisher, Grey-stone Park; Dr. F. C. Ard, Plainfield; B. F. Leonard, D. D. S., North Plainfield; Dr. John H. Carman, Plainfield.

Sussex—Dr. Herve D. Van Gaasbeek, Sussex; Dr. Thomas N. Gray, East Orange; Dr. Ephraim Morrison, Newton; Dr. Charles M. Dunning, Franklin Furnace; Dr. Thomas R. Pooley, Newton; J. D. Haggerty, D. D. S., Sussex; Dr. F. P. Wilbur, Franklin Furnace.

Union—Dr. W. H. Anthony, Plainfield; Dr. John E. Runnells, Scotch Plains; Dr. M. A. Shangle, Elizabeth; Dr. Roy T. Munger, Fanwood; Dr. Chris C. Beiling, Newark; Dr. Norton L. Wilson, Elizabeth; J. Bertram Stevens, D. D. S., Elizabeth; Dr. Edgar Holden, Newark; Dr. J. H. Carman, Plainfield; Dr. J. H. Conover, Elizabeth.

Warren—Dr. William C. Albertson, Belvidere; Dr. Thomas S. Dedrick, Washington; Dr.

F. A. Shimer, Phillipsburg; Dr. Frank W. Curtis, Stewarts' Village; Dr. Louis Cooke Osmun, Hackettstown; Paul F. Beam, D. D. S., Phillipsburg; Dr. W. E. Allen, Blairstown.

Lieutenant Marve' has addressed a communication to the medical profession of the State, urging physicians, dentists and specialists to co-operate with the advisory board as associate members.

This appeal follows:

"The Governor directs me to thank you for your hearty response to the State's call for volunteers in the medical advisory boards and instructs me, through the adjutant general, Colonel Gilkyson, to inform you, while it has been required that the medical advisory boards be named for efficiency in expert diagnosis, much assistance can be rendered these boards in their respective counties by the local general practitioners; he therefore suggests that the New Jersey medical advisory boards avail themselves of assistance wherever practicable through associate boards, to be named by the chairman of the primary boards, and particularly so where the number to be re-examined becomes large enough to make assistance a convenience to the registrant and economy to the government.

"The Governor further suggests that the chairman of the various medical advisory boards, in their respective counties and districts, arrange a call of the county medical societies of the State, the purpose of which will be to name the members of each county medical society and those who have proffered their services, associate members of the medical advisory board, acting in the county, a report of said action signed by the president and secretary of the county medical society when transmitted to him will be forwarded to the President of the United States for his approval and acceptance."

Mobilization of the Entire Medical Profession.

Mobilization of the entire Medical Profession of the Country is to be an accomplished effort when the plans now being formulated by the Surgeon General of the United States Army are put in operation. The message of the President of the United States assures us of "A War to the finish." It is necessary, therefore, to provide in advance for all possible contingencies. About 14,000 Medical Officers are now on active duty with the troops now in the field. Say, 3,000 more Medical Officers will be needed for active service when the entire first draft has been called, and up to this time a sufficient number have been commissioned for only the immediate needs. The contemplated draft which will, no doubt, occur early in the new year under the assurance of the President that this war must be fought until victory is achieved makes it imperative that the Medical Reserve Corps of the Army must be recruited to such a degree as to provide for any number of available Medical Officers that future circumstances will require.

The Medical Reserve Corps of the Army was originally created by an Act of Congress in 1898, for the purpose of creating a Reserve Corps of Medical Officers that would be available for active service in the event of emergencies. This Act was amended in the passage of

the National Defense Act, 1916, in which Act was created the Officers Reserve Corps, U. S. Army, and in which Reserve Corps all of the different branches, military and individual, both in line and staff, were formed. The Medical Section of the Officers Reserve Corps which is now constituted by the present Medical Reserve Corps gives rank to Medical Officers from first Lieutenant up to and including the grade of Major.

It was contemplated that this Reserve Corps of Medical Men would constitute all of the original members of the Medical Profession of the United States who were physically qualified and within the age limit, 21 to 55 years. An available number of Medical Officers to provide for any contingency which future circumstances will require, makes it clear to the profession what is contemplated in this Act; is that the Medical Reserve Corps is primarily a reserve, and that, no doubt, during this war at some time or other practically all of the officers commissioned therein will be called upon to render active service in some degree or other. Upon the declaration of war the Medical Reserve Corps consisted of about 1,000 physicians throughout the country who had been commissioned at different times since 1908. Immediately after the declaration the greatest majority of these men were immediately required for active service, certain of these officers constituted Examining Boards throughout the United States, immediately increased the Reserve Corps to such a degree as to provide for all needs, and up to within a few weeks, due to the creation of a tremendous army, practically every officer commissioned was immediately ordered into service. For the immediate present the number of men ordered to active duty will not be so great until the new draft is mobilized.

The necessity for providing for the protection of the civilian needs of the community is always prominent in the minds of the authorities and the President of the United States as well as the Surgeon General of the Army are particularly anxious to keep conditions at home so as not to interfere in any degree with the protection of the home community in relation to their health and sanitation. This fact was prominent in the minds of Congress when they originally created this corps, and it was felt that if all available physicians would accept commissions it would then be possible for the Surgeon General to provide for alteration of service among Medical Officers in the event of a long war, and to avoid the unfortunate circumstances that this emergency has created in some communities, of leaving small communities practically without medical protection. It is therefore urged that every doctor accept a commission in the Medical Reserve Corps and in that way not only perform his own duty to his country as a citizen, but give to the authorities the means of proper protection and medical care both for the men in the field and the hundred million that are left at home.

In accepting a commission in the Medical Reserve Corps it should be understood by every physician that he will not necessarily be called upon for service immediately, and it is particularly urged by the Surgeon General the physicians in the service not give up their practice or interfere with their usual methods of living in any way until such time as they receive official notification from Washington that they

will be ordered to active duty within a stated period. At least fifteen days notice before final orders to report for duty is given each Medical Officer, and if this fact is generally understood will avoid many complications that have previously been brought about.

The President of the Examining Board, Medical Reserve Corps, New Jersey, Major David A. Kraker, is planning to arrange a series of meetings in every county of the State for the purpose of presenting to every physician in the State this subject in all its phases, and it is seriously the hope of the Surgeon General that in a few months practically the entire profession of the country will be available in this way for the necessity of the government, both in the army and civil life. Major Kraker proposes for the purpose of instructing the officers on the inactive list in the State in the elements of medical military practice, to arrange a series of lectures and a correspondence course by means of which members of the corps may receive a certain amount of necessary military information which will be of value to them later when called to duty.

It is proposed that with the co-operation of the State Committee for National Defence, Medical Section, of which Dr. Gordon K. Dickinson of Jersey City is chairman, to arrange for meetings throughout the several counties of the State to present these facts more definitely and individually to the profession.

David A. Kraker,

Major, Med. Res. Corps, U. S. A.

(The above information is from Major D. A. Kraker's headquarters, Newark.—Editor).

Orders to Officers of the Medical Reserve Corps.

(Medical Society of New Jersey Members).

Lieut. Frederick A. Alling, Newark, to the New York Base Hospital, No. 116.

Lieut. Maurice Asher, Newark, to Newport News, Va., for duty.

Lieut. Nelson K. Benton, Newark, to Camp Dix, Wrightstown, N. J., Base Hospital.

Lieut. Thomas A. Clay, Paterson, to Dental Institute, Phila., for instruction.

Lieut. Frank L. Field, Far Hills, to Camp Lee, Petersburg, Va., for duty.

Lieut. James S. Green, Elizabeth, to Camp Dix, Base Hospital.

Capt. Michael S. Granelli, Hoboken, to Camp Merritt, Tenafly, N. J., for duty in Base Hospital.

Lieut. Bonn. W. Hoagland, Woodbridge, from Camp Custer, Mich., to Fort Riley, Kansas, for instruction.

Lieut. Lyman B. Hollingshead, Pemberton, to Fort Oglethorpe, Ga., for instruction.

Lieut. Walter F. Keating, Ridgewood, to Camp Johnston, Jacksonville, Fla. Base Hospital.

Lieut. Grant E. Kirk, Camden, honorably discharged because physically disqualified for active service.

Lieut. A. A. Lawton, Somerville, to Governors Island, N. Y., for duty with the Telegraph Battalion.

Lieut. Anthony Sacco, West Hoboken, to Washington (D. C.) Barracks for duty.

Lieut. George B. Verbeck, Caldwell, to Fort Oglethorpe, Ga., for instruction.

Lieut. Henry T. Webb, Elmer, to Fort Oglethorpe for instruction.

Lieut. Joseph Binder, Jersey City, to Camp Taylor, Louisville, Ky., for service.

Lieut. Edward Guion, Atlantic City, to N. Y. City Post-Graduate Medical School, for instruction.

Lieut. William D. Sayre, Red Bank, to Camp McClellan, Anniston, Ala., for duty.

Capt. Robert E. Soule, Newark, to Camp Meade, Admiral, Md., for duty.

Lieut. Frederic H. Thorne, Greystone Park, to Camp Doniphan, Fort Sill, Okla., Base Hospital.

The M. R. C. Needs 7,000 Men.

To win this war it is necessary that each one of us perform some definite function. The function of the members of the medical profession, or of a high percentage of the members of the profession, is to be performed most usefully and efficiently by joining the Medical Reserve Corps of the United States Army.

Rarely, if ever again, will there be presented such an opportunity to the profession to reflect credit and honor upon themselves and upon their country. Seldom in any man's life comes anything which so bothers and preplexes us as the present situation and its relation to the medical man as an individual. And it requires careful thought and clear vision to determine exactly what is each one's paramount duty. But we must all constantly keep in mind that we are facing an unknown future, and we must prepare ourselves accordingly for the most profound and serious conditions.

The profession has responded wonderfully to the call for its services. A large number of our most able and skillful men are already in the service. But many more are urgently needed and needed immediately.

You cannot get away from the fact that you, yourself, must, if humanly possible give of the best of your physical and mental powers to your government, freely and fully. Either this or you must present some valid and sufficient reason for not doing so. Some physicians are unable, for good reasons, to join the medical corps at this time, but such men can and must use all their influence in an earnest effort to find those who can and, moreover, see that all such do join.

The common sense and good judgment of the War Department have provided ways and means for filling the quota of medical men necessary in this crisis. The Attorney-General of the United States points out this very clearly in this statement: "The Government can find existing statutes to handle all possible situations."

Any failure on our part as medical men to do our full duty will be promptly met by demanding our services regardless of personal sacrifice. Some of us so far seem to have failed utterly to grasp the seriousness of the situation and are endeavoring to cover our inaction by excuses of carious sorts. Such claims as loss of prestige, of actual loss of practice and of position are promptly to be answered by the statement that all three of these apparent objections are not objections at all. Your standing as an individual medical man will be greatly increased by your service record. Domestic and financial excuses, in the majority of instances, are nothing more than a blind to cover individual weakness of character, or, in exceptional cases, even cowardice.

Loss of identity, self-sacrifice and personal

service are not only necessary but essential to the triumphal ending of this war. The medical man has to play a most important part in accomplishing that end, and his willingness to go into this great game without fear, favor or special privilege will assist greatly those at headquarters, deluged with work and harassed by innumerable details as the directing forces are.

Service in the army carries far more distinction and respect than it ever did in the past, and those who have not offered themselves will find some difficult and embarrassing moments later on when trying to explain why they failed to do so upon the call of their country.

Almost every family which may require professional care has, or will have soon, some relative wearing the service uniform and naturally these families will feel that their "boys" and "girls" should receive medical and surgical attention from the most able men in our profession; in other words, those who have demonstrated their qualities of character as well as skill. For the time being, and for similar reasons, they will gladly accept the aid of those who "substitute" for you at home while you are in service.

The government expects more patriotism from the medical profession than is indicated by wearing a button or displaying a flag, and yet I am sorry to say that this so far constitutes the whole part played by a certain number of our members.

Gentlemen, it is squarely up to each man's conscience as to what he shall do, what place he will elect to fill, what part he will take at this time when the enemy is at our door.

In any question so serious, so complicated and so vast as the present one there is bound to be a certain amount of confusion and delay occasioned partly by those in authority owing to mistakes in the placing of the medical man according to his special training. You may rest assured, however, that those at headquarters know much better than we do what is required and where our services are most needed. Patience and a willingness on our part to co-operate in every way possible will aid greatly in eliminating what now appears to us an embarrassing and unwelcome condition.

Men on the honor roll of the Medical Reserve Corps, I salute you. Those who have as yet not offered their services, I ask you soberly to consider the situation; I give you full assurance that due reward will be yours for any and all sacrifices you make.

The American medical profession has always lived up to the highest standard of right and self-sacrifice. In this hour of great need it must and it will I am sure surpass its noble record.

Gurney Williams,

Captain M. R. C. U. S. Army,

Member New Jersey Army Examining Board.

Surgeon General Appeals for Nurses.

Surgeon-General Gorgas has sent out an appeal to the superintendents of training schools for nurses, to the presidents of alumnae associations of the same schools, and to the presidents of the State nurses' associations, and State examining boards for registered nurses. The appeal states that the need for nurses is growing daily and meet it to, it will be necessary

for the Surgeon-General's Office to have on file the names of thousands of nurses who can respond to a call on short notice. It is estimated that at least 20,000 nurses will be required in the army hospitals at home and abroad in case the war continues, therefore the applications of all graduate nurses who are professionally, physically, and morally qualified will be given consideration. Nurses will be appointed for three years if they so desire or else for the period of the emergency.

The Navy Needs Medical Officers.—Surgeon General William C. Braisted, United States Navy, calls attention to the fact that the Navy is still in need of well qualified medical officers. The Medical Corps of the Navy is at the present composed of 755 medical officers, with 771 additional officers available in the Naval Reserve Corps.

Medical Men as Army Commanders.

Our own General Leonard Wood is not the only army commander who began his life work as a physician. General Boriani, who for six weeks has led the brave Italian troops on the Asiago plateau, which, outnumbered and outnumbered, have successfully resisted this modern irruption of the northern barbarians, was educated as a physician, and for many years successfully practised gynecology.

Volunteer Service in Some Branches for Men Registered Under Selective Service.

Under date of December 17 the Provost Marshal issued to the governors of the various States an announcement that men of draft age may still volunteer for certain branches of the service. White men only will be accepted and they may enlist only in the Infantry, Signal Corps, Medical Corps and Quartermaster's Department. All men enlisted for the Medical Department will be sent to the Medical Officers' Training Camp at Fort Riley by local boards west of the Mississippi, and to the Medical Officers' Training Camp at Fort Oglethorpe, Ga., by boards east of the Mississippi. Transportation and subsistence expenses to the camps are to be furnished volunteers by the local boards.

Moving Pictures and Other Illustrations for the Army Medical Department.—The Surgeon-General has authorized the establishment at the Surgeon-General's Library and Army Medical Museum, Seventh and B streets, S. W., Washington, D. C., of a repository for moving pictures, slides and photographs of camp and other activities related to the work of the Medical Department. These illustrations are to be made available for instruction purposes in camps, cantonments, etc., and will be lent for use in conjunction with lectures and other courses of study in medical schools, training camps and cantonments. Donations of such illustrations are solicited.

Health of Soldiers in Camp Better Than That of Civilians.

Col. W. P. Chamberlain of the Surgeon-General's office, lately returned from an inspection trip to ten of the army camps in the West. He said:

"At the National Army camps visited the

percentage of sick, practically all of whom are under treatment in cantonment hospitals, ranges from below 1 per cent. to slightly below 2 per cent., except at Camp Pike, where it is considerably higher as the result of measles among the men," Colonel Chamberlain stated. "Most of the men at Camp Pike, by the way, are from rural districts, and it is the rule that the proportion susceptible to measles is higher among these than among men from more thickly populated sections, who have usually had measles in childhood.

"There is extremely little serious illness at any of the camps. It should be borne in mind that in the army a man is classed as 'sick' if he is excused from duty for even the slightest indisposition, and that soldiers are placed in the hospital for trivial illnesses for which in civil life they would not consider going to a hospital. * * * Many men are in hospitals with ailments which they brought with them to camp. The point to be emphasized is that every man showing departure from good health is put where he will get the best of care and can be carefully watched against the appearance of anything more serious. The only serious disease found at any of the camps was pneumonia. The results attained in handling this disease are indicated by the latest figures from Camp Sherman. There were forty-three cases in October in a command with an average strength for the month of 19,000. Of these cases only three had died during the month, a mortality of 7 per cent. In civil life the average mortality for pneumonia is between 15 and 20 per cent. The latest type of serum treatment for pneumonia is used at all the camps.

Surgeon-General Gorgas Inspects Camps.

Major-General W. C. Gorgas, surgeon-general, reports to the chief of staff of the army that the prevalence of pneumonia in some of the army camps is due in part to lack of winter clothing for the soldiers and the overcrowding of tents. As a result of this over-crowding, disease brought into the camps by the thousands of new men arriving has been spread. General Gorgas recommends that new arrivals should be segregated under observation to ascertain if there is disease among them. These reports cover a period from November 29 to December 17. They refer particularly to inspections made by the surgeon-general at Camp Bowie, Fort Worth, Tex.; Camp Funston, Fort Riley, Kan.; Camp Doniphan, Fort Sill, Okla., and Camp Sevier, Greenville, S. C.

General Gorgas' reports show that in addition to deaths from other causes there have been in the last month sixty fatal cases of pneumonia at Camp Sevier, eleven deaths from pneumonia at Camp Doniphan, forty-three deaths from pneumonia at Camp Funston and forty-one deaths from pneumonia at Camp Bowie. At some of these places meningitis has caused deaths. At Camp Bowie there were 2,900 cases of measles in the month covered, and at Camp Sevier 2,000 cases. There were seventy cases of meningitis at Camp Funston with twenty-two deaths.

Camp Merritt Epidemic Exaggerated.

There is no alarming epidemic of diseases in this camp, reiterated the camp surgeon recently, in commenting on published reports

that there are 621 soldiers in the hospitals of Hudson County and that the camp's base hospital is full. The camp's total of noneffectives is said by the surgeon to be about 200. If there are 621 men in the Hudson hospitals they have come, he said, from other adjoining camps, notably the now abandoned Camp Mills, or from the army piers on the Hudson River. As for the base hospital being filled, the camp surgeon said that this was ridiculous in view of the fact that the hospital has not been completed. There are no men in it, he said, nothing, in fact, except furniture.

Dr. Andreae, Jersey City, Escapes Drowning.

Dr. Paul M. Andreae of Jersey City, who entered the navy M. R. Corps immediately after the declaration of war, and who was surgeon on the U. S. patrol steamship *Alcedo*, which was sunk by a U-boat, was among those who escaped drowning. We are glad to give the following extract from a letter sent by the doctor to his wife.

"We were taking a convoy of three ships out from one of the ports and had gotten about fifty miles from shore. The night was hazy and one could not see very far ahead. I had turned in and was sleeping. At about one forty-five A. M. the general alarm rang. I jumped up and grabbed my life belt and beat it for the deck. Had just reached deck when there was a dull boom which knocked me off my feet and into a hole in the deck about two feet from me. I got up and went to my station, but saw that I was needed in helping get the life rafts and boats loose and over the side. After all had been cut loose, I went near the back of the ship and got on a platform that was level with the rail. By that time the water was level with the rail, so I jumped out into the water as faraway from the ship as I could for I was afraid of the suction. I landed in the water by a sailor who had no life belt on and was floundering around. I got hold of him and swam for about twenty yards to a life raft. The raft was small and there were two already on it, so I helped him up. He got on and said, 'Thank you, doc,' just as if I had handed him a cigartete. I swam a little further and grabbed a piece of wreckage. This rolled around so much that I got mad at it and shoved it away. Started to swim again and first thing I knew I was alongside of a nest of three dories which the boys were trying to separate. I helped separate them and got in one of them which was over-loaded, so I ordered several of the men into one of the dories we had separated and then started to row for the place I thought shore should be.

"We had been rowing about ten minutes when I saw a big black object coming toward us which turned out to be the submarine. He hollered for us to come along side, and as I was at the oars we came to about fifty feet from him. He then asked us the name of our ship, tonnage, how many guns, where from and where to, and what we had aboard. We told him *Alcedo*, L 1,400 tons, two guns; a merchant man but empty. He then asked us what nationality, and we told him American. He then went away, but came back in about five minutes and asked the same things over. When he came back the second time I was afraid he was going to shell us or ram the boats, but when he didn't I got up nerve enough to ask

him where land was and how far. 'Northeast and fifty miles.' 'Thanks,' said I and started to row. The water was not so very cold, but the wind was so I was glad of the chance to row and rowed from 2 A. M. until 7.30 A. M. We kept rowing and singing for thirteen hours when we made land, a French fishing village. Here they gave us coffee, clothes and a place to sleep and sent us home the next day, and the following day I sent you a cable. The best part of the whole thing is that there was very little excitement and the spirit of the men was remarkable. All this happened on the fifth."

Doctors Organize for Riot Service.

The committee appointed by Mayor Gillen of Newark on National Defense has been engaged in drawing an organized plan to provide quickly for the care of persons injured in a riot or severe conflagration in that city during the war. Dr. H. J. F. Wallhauser, chairman of the medical department of the committee, reported recently that they had divided the city into six districts. In each of which there would be two separate divisions, the first consisting of a physician, nurses and police reserves who will go to the scene of trouble, and the second, of members who will remain at the station and care for the injured.

Dr. H. B. Epstein reported that the medical department had also made plans, with the co-operation of the Red Cross to give medical treatment and dental treatment free to the families of soldiers and sailors. A civilian relief department had been formed, he added, which was doing good work in the wake of the physicians, furnishing medical supplies needed by the soldiers and sailors' families.

Froh Heim Farms Offered to Government.

Through the heirs of the estate of the late Grant B. Schley, Froh Heim Farms, which was Mr. Schley's country home, has been offered to the United States Government as a hospital for convalescent soldiers. This offer was made to Surgeon General Gorgas, and with it was filed a complete description of the residence, its equipment and fittings, the spacious lawns and the exceptional location, which renders it free from confusion and noise. The estate proper comprises about 5,000 acres and is situated between Bernardsville, Far Hills and Somerville.

A Convalescent Hospital at Lakewood.—The Lakewood Hotel at Lakewood, N. J., one of the largest in New Jersey, has been leased by the Government for the duration of the war. It will be used as a hospital for convalescent soldiers. The hotel is in the center of a twelve-acre park, and has 400 rooms, but the building will be remodelled to accommodate 3,000 patients. The Government will take possession about the middle of January.

War Camp Recreation Fund.—Mrs. Wesley Merritt has given \$10,000 in memory of her husband, one of the "boy generals" of the Civil War, for the maintenance of a club house for enlisted men outside the camp in Bergen County, N. J.

Dr. John Franklin Reeves, Elmer, Lieut. M. R. C., is now surgeon 81st Field Artillery, Chat-

tanooga, Tenn. He writes that they have hot and cold water in each room—provided they carry it in, and while the cold snap caused water pipes to freeze, theirs escaped for the reason that they hadn't any. He sent home a picture of their mansion, concerning which he writes: "Did you notice our woodpile? We are very proud of it because it is the biggest one around here and a person's social standing and financial prestige is measured by the size of his woodpile."

New York Leads in War Work.

New York has contributed more physicians, surgeons, and Red Cross nurses for service in France than any other American city. It has at present four base hospital units—Roosevelt, New York, Post-Graduate, and Presbyterian—serving "Somewhere in France." The Kings County Base Hospital Unit, No. 37, has been ordered by Surgeon General Gorgas to active service in France soon after the first of the year. When the New York base hospital units now prepared are actually in service the city will have given more than 200 physicians and surgeons and more than 500 nurses as its quota.

Therapeutic Notes.

Acne—Treatment.

Dr. Stelwagon employs the following for internal administration in this troublesome condition:

Sodii benzoat, 3ss, to ij.
Tinct. nucis vomicae, f3ij.
Fluidextract. cascarae, f5ij to iv.
Tinct. cardamom, comp., q.s. ad. f3iij.

M. et Sig.—Teaspoonful dissolved in water three times a day after meals.—Hughes' Practice of Medicine.

Arthritis Deformans.

Dr. Scott advises regulation of the diet and hygiene with constant watchfulness as to improvement of general health. Before serious structural changes have occurred, cod liver oil should be massaged into the affected joints and this should be combined with the internal administration of effervescing lithium citrate in doses of one drachm three times daily, together with the following tonic:

Mass. ferri carbonat, gr. v.
Liquor. potass. arsenit, m v.
Vini xerici, f3 j.
Aquae destill, f3 j.

M. Sig.—After meals, well diluted.

Also the internal administration of guaiacol carbonate, gr. v to x (0.3 to 0.6 gm.) three times daily, together with painting of the joints, when painful, with the following:

Guaiacol, 1 part.
Tinct. iodi, 6 parts.

M. Sig.—Paint over joints twice daily.—Hughes' Practice of Medicine.

Asthma.

Dr. Potter offers the following prescription:

Ext. stramonii, gr. ij.
Potass. iodidi, 3 jss.
Ammonii carbonatis, 3j.
Tr. lobeliae, 3 jss
Aquae chloroformi, q.s. ad., 3 viij.

M. S.—Tablespoonful every six hours.—Hughes' Practice of Medicine.

Fever in Children; Not Diagnosed.

Dr. Fischer advises the use of the following in cases where the fever is very high and a diagnosis has not been made:

Sweet spirit of niter, 1 ½ fluidrachms.
Citrate of potassium, 30 grains.
Syrup of lemon, 4 fluidrachms.
Water to make, 2 fluidrachms.

A teaspoonful every three hours for child of one year of age.—Diseases of Infancy and Childhood.

Pruritus.

Dr. Whitla recommends the following formula in cases where the itching is caused by a neurosis:

Ext. cannabis ind., gr. vi.
Acid. carbolici, gr. xviii.
Cocain. hydr, gr. vi.
Ext. gelsemii, gr. vi.

M. et fiant pil. xxiv. Sig.: One every night.—Dictionary of Treatment.

Psoriasis.

In the treatment of this condition, Dr. Sutton advises as a preliminary measure the removal of superfluous scales by means of soft soap and warm water rendered alkaline by the addition of carbonate of soda or borax and applied with a stiff brush. This is to be followed by the application night and morning of the ointment of official ammoniated mercury alone, or with the addition of from 2 to 5 per cent. of salicylic acid. This may be alternated with an ointment compounded according to the following prescription:

Tinct. picis carbonis compositae (Duh-ring), 3v.
Amyli pulveris, 3v.
Zinci oxidi, 3v.
Calaminae, 5v.
Glycerini, 3iiss.
Aquae, q.s. ad 3vj.

Ointments are best applied with a stiff brush such as an old toothbrush.

Vincent's Angina.

Dr. E. Emrys-Roberts, in the British Medical Journal, recommends the use of the following lotion in cases of Vincent's angina:

Hydrogen peroxide, 150.0.
Wine of ipecac, 12.0.
Glycerin, 20.0.
Water to make, 250.0.

The lotion should be thoroughly applied to the entire buccal cavity and will clear up the throat condition in one to two days and the gingivitis in about six days. The hydrogen peroxide loosens the purulent exudate and inhibits the growth of the anaerobic bacillus; the ipecac may have a more or less specific action on the spirochete; and the hygroscopic properties of the glycerin aid in the penetration of the preparation into otherwise inaccessible regions. In practical use the mixture has proved most valuable.

Treatment of Bronchopneumonia in Children.

Measham advocates the following method of procedure in this condition: The child's chest is wrapped in a light Gamgee jacket, and over

this is worn a pair of woollen combinations. The room is to be kept warm, but the windows are always open; no draughts, however, are allowed to blow on the patient. The child is encouraged to take frequent sips of cold water. No medicines are given by mouth, but a subcutaneous injection of quinine hydrochloride is given morning and evening. A solution is prepared in which one grain of the quinine salt is dissolved in ten minims of water, and the dosage given as follows: For a child of six months, 5 minims; one year, 10 minims; two years, 15 minims; and over two years, 20 minims. A striking feature is the rapidity with which physical signs of the disease disappear, the patient often appearing in normal health ten days after the first injection.

Hospitals.

A Tuberculosis Hospital was opened on Christmas Day in France in memory of the late Dr. Edward L. Trudeau of Saranac.

Babies' Hospital, Newark.

A patriotic carnival was held recently by the board of managers of the Babies' Hospital which was a great success in attendance and receipts. The affair was the annual benefit for the hospital, was given in the Newark Ice Palace.

Cooper Hospital, Camden.

The November report of this hospital shows: In Patient Department—Remaining from October 31, 150; admitted during November, 266; total, 416. Discharged during November, 289; remaining in hospital December 1, 127. Out-Patient Department—New cases treated, 858; re-visit cases treated, 1,865; total, 2,723.

Hackensack Hospital.

This hospital realized \$1,635 from "The Passing Show" performances recently given there for the hospital's benefit.

Monmouth Memorial Hospital, Long Branch.

A statement recently issued by hospital treasurer the cost of running the hospital for the year 1918 will be \$96,000, an increase of \$10,500 over last year, because of the high cost of material and supplies. The unusually large number of charity patients in November and December caused the large deficit. The statement further says that every department of the hospital will be used as needed for government service.

Overlook Hospital, Summit.

This hospital will receive \$10,000 under the provisions of the will of the late D. W. Bonnel of Summit.

St. Barnabas Hospital, Newark.

The fifty-first annual report of the trustees of this hospital was issued last month as a "hospital message." It showed a twenty per cent. increase in the cost of maintenance due to the increased prices of food and supplies. The total receipts were \$54,104, of which \$30,-

082.18 was for board of patients. The trustees ask for \$12,000 for the proposed pathological laboratory. The superintendent's report showed that there were 1,642 patients treated at the hospital during the year of which 518 were men, 712 women and 412 children.

Inmates of Asylum Suffer from Cold.—The complete collapse of the heating and lighting plant of the Essex County Hospital for the Insane, at Cedar Grove, N. J., has resulted in a great deal of suffering to the 1,800 inmates of that institution. There have been 24 deaths in 20 days, as against eight for the corresponding month of last year.

Marriages.

GRIER—BROWN.—At Elizabeth, N. J., December 13, 1917, Dr. Edgar B. Grier, Jr., to Miss Isabel Brown, both of Elizabeth.

RICKETTS—McCUE.—At Newark, N. J., November 17, 1917, Dr. Henry E. Ricketts, of Belleville, to Miss Mary T. McCue, of Newark.

Deaths.

AYRES.—In the hospital at Franklin, N. J., December 3, 1917, Dr. Edward A. Ayres of Branchville, N. J., aged 62 years.

Dr. Ayres was born in Jacksonville, Ill., in 1855. He attended the public schools, later Whipple Academy and graduated from the Illinois College in 1877. He then studied medicine; entered the New York University Medical School from which he graduated in 1880. For several years he practiced in New York City. He was a member of the Felborn Academy of Medicine; was appointed and served several years as professor of obstetrics in the Polyclinic Medical School and Hospital. He was a founder of the Mothers' and Babies' Hospital of New York. He removed to Branchville, N. J., in 1908, where he practiced until a few days before his death.

He was the author of a volume on physical diagnosis in obstetrics; an article on color blindness which was regarded as authoritative was published by him; the Carpenter Prize of the N. Y. Academy of Medicine was won by Dr. Ayres on "The Mosquito as a Sanitary Problem." He contributed extensively to medical and lay literature and several surgical inventions of implements and methods are credited to him. He was a member of the Sussex County Medical Society and of the Tri-County Medical Society of both of which he had been president; also a member of the New York State and County Medical Societies; of the Medical Society of New Jersey and the American Medical Association. He was for two years a member of the New Jersey State Board of Health, president of the Branchville Board of Health and medical inspector of the local schools.

BURD.—At Ogdensburg, N. J., December 13, 1917, Dr. Lewis C. Burd, of uremic poisoning aged 58 years.

Dr. Burd was born in Stroudsburg, Pa., graduated from Jefferson Medical College, Phila-

delphia, in 1885; practiced four years at Gouldsboro, Pa.; removed to Ogdensburg in 1890 where he has since practiced; was a specialist in nose and throat diseases; did post-graduate work in the N. Y. Polyclinic Hospital.

He was a member of the Sussex County Medical Society, the Medical Society of New Jersey and the American Medical Association. He was president of the Ogdensburg Board of Health and secretary of the Board of Education; also a director in the Sussex Mutual Insurance Company; a member of the Lotus Lodge of Odd Fellows and the Newton Lodge Knights of Pythias.

CONDUCT.—At Orange, N. J., December 9, 1917, Dr. Alice B. Condict of Orange, from apoplexy, aged 73 years.

Dr. Condict was born in the old Condict homestead in Morristown seventy-three years ago. She was a daughter of the late Mr. and Mrs. Silas B. Condict, and a grand-daughter of the late Judge Silas Condict of the Morris County Court. Her great-grandfather, Ebenezer Condict, was a colonel in the Revolutionary War, and another great-grandfather was Captain Jacob Johnson, who fought in the same war. Dr. Condict was a descendant of Jonathan Dickinson, the first president of Princeton University.

Dr. Condict graduated from the Chicago Homeopathic Medical College in 1883, and from Tufts College Medical School, Boston, in 1906. More than twenty years of Dr. Condict's life were spent in India as a medical missionary, and for more than a year she was private physician to the Nizam of Hyderabad. The Nizam at first objected to the Bible being brought into his home and among his wives, but when Dr. Condict refused to attend otherwise, he finally consented, and she was successful in converting many.

Returning from India about eight years ago because of failing health, Dr. Condict resumed the practice of medicine in this country which she had carried on intermittently between her trips as a missionary.

She was member of the Essex County Medical Society, the Medical Society of New Jersey, the American Medical Association, the American Electro Therapeutic Association. She was active also in the Woman's Club of Orange, the W. C. T. U., and was chairman of the department of medical temperance of the Essex County Union.

RIEMAN.—At Paterson, N. J., December 1, 1917, Dr. Frank D. Rieman, aged 34 years.

Dr. Rieman graduated from the Bellevue Hospital Medical College in 1915.

SCHELLENGER.—At Camden, N. J., December 24, 1917, Dr. Edward A. Y. Schellenger, aged 48 years.

Dr. Schellenger graduated from the University of Pennsylvania Medical Department in 1892. Soon after he commenced practice in Camden and became one of the ablest surgeons in South Jersey. He was a member of the Cooper Hospital staff and also police and fire surgeon. He was a member of the Camden City and County Medical Societies, the State Medical Society and a Fellow of the American Medical Association.

The following resolutions were adopted by the Camden City Medical Society:

Whereas, We bow our heads in submission to the mysterious will of Him who governs all things that He has seen fit to take from us, Dr. E. A. Y. Schellenger, one of our most beloved members, and

Whereas, Doctor Schellenger from the time of his admission to the medical profession was a successful man; graduating from the University of Pennsylvania a quarter of a century ago; beginning his career as interne in the Cooper Hospital he made rapid strides in his profession. His wise counsel, his fair dealing, his sympathetic nature won for him a large and lucrative practice. Gifted with an intellectuality far above the average man he was called into activities in field outside his chosen profession.

It is difficult to associate the happy, cheerful man we knew for years with him who spent his last months in almost continuous pain. When stricken at the time of his greatest activities, in the prime of life, his star of success in the ascent, by a malignant disease, that he, as a surgeon, having battled with so many times knew well its fatal result, he showed great fortitude. He entered the conflict with strength and courage and for a time it seemed as though his efforts might meet with success, but his brave fight was ended by a sudden and uncontrollable hemorrhage; and

Whereas, This society in the death of Doctor Schellenger has suffered a great loss; be it

Resolved, That our heartfelt sympathy be extended to the widow and family of our late member, and that these resolutions be spread upon the minutes of this society, and that a copy be sent to the family.

Drs. A. H. Lippincott, J. L. Nicholson, E. G. Hummel, Committee.

SPEAR.—At Burlington, N. J., November 25, 1917, Dr. David Adams Spear, suddenly, by an accident, aged 39 years.

Dr. Spear graduated from the University of Virginia in 1897; formerly conducted a sanatorium in New Mexico; was an eye, ear, nose and throat specialist.

STEVENSON.—At Haddonfield, N. J., December 20, 1917, Dr. John Ruderow Stevenson, aged 83 years.

Dr. Stevenson was born in 1834. He graduated from the University of Pennsylvania Medical Department in 1863 when he began the practice of medicine in Haddonfield and continued to do so for a great many years. He was a member of the Camden County Medical Society and the Medical Society of New Jersey, and a Fellow of the American Medical Association. Dr. Stevenson took a leading part in borough affairs for many years and was a member of Borough Council continuously from 1897, at the time of its organization until 1911. He is well known for his contributions to local history, much of which he has written.

Personal Notes.

Dr. Fred H. Albee, Colonia, who is in charge of U. S. Base Hospital, No. 3, which is in course of construction at Colonia, spent, with his wife, the holidays in Florida.

Dr. George S. Bangert, East Orange, has been appointed physician of the Children's Aid and Protective Society of the Oranges.

Dr. Irving W. Charlesworth, Bridgeton, Lieut. M. R. C., sailed on the U. S. Transport Sheridan from San Francisco Dec. 5th to Honolulu.

Dr. A. Schuyler Clark, New York, member of the Middlesex County Medical Society, in his absence as a member of the M. R. C. will have Dr. D. D. Stetson take care of his practice, 350 Park avenue, N. Y. City.

Drs. E. K. Conrad, G. W. Finke and A. A. Swayze, Hackensack, attended the Mayo clinics, Rochester, Minn., last month.

Drs. Alfred Cornwell and W. P. Glendon, Bridgeton, spent a successful week gunning in the South last month.

Dr. Charles M. Dunning, Franklin, has been drawn as a member of the Sussex County Grand Jury, December term.

Dr. Alfred M. Elwell, Camden, has an able article in the Camden County Society Journal on "Aural Infections."

Dr. M. I. Fine, Newark, read before the Joint Tuberculosis Conference at Jersey City a paper on "The Standard of Exemption of Tuberculosis Recruits from the Army." It is published in the December 8 Medical Record.

Dr. Eugene H. Goldberg, Kearny, has been appointed chairman of the Kearny-Arlington Campaign Savings Fund.

Dr. J. Corwin Mabey, Montclair, and wife recently returned from a six weeks' Southern trip.

Dr. Edward C. Pechin, Camden, removed his office from Penn street to the corner of Third and Cooper streets.

Dr. Joseph E. Roberts, Camden, has moved his office from Broadway to Cooper street, corner of Fourth street.

Drs. James M. Reese and William Kline, Phillipsburg, were recently elected grand tall cedar and junior vice tall cedar of the Warren County Forest No. 14, Tall Cedars of Lebanon.

Dr. Alvin Spencer, Kenvil, recently gave a lecture on First Aid before the Hercules Men's Club.

Dr. Willard F. Sewall, Bridgeton, has been promoted from first lieutenant to captain, M. R. C., at Camp Gordon.

Dr. Otto C. Thompson, Lakewood, who at the November election was declared elected surrogate of Ocean County by seventeen majority, has had his majority increased to sixty-five on the recount made on the application of his opponent.

Dr. Harry Vaughan, Morristown, gave a stereopticon lecture at Woodbury last month under the auspices of the N. J. Commission for the Blind.

Dr. Henry P. Webb, Deerfield, was elected last month a ruling elder in the Presbyterian Church of Deerfield.

Dr. Alfred W. Ward, Demarest, was drawn as a member of the Bergen County Grand Jury for the December term.

Dr. Francis B. Husted, Salem, who was severely injured by the overturning of his auto in November has recovered.

Dr. Julius Levy, Newark, read a paper at the N. J. Association of Medical Inspection and School Hygiene annual meeting on "The Importance of the Pre-School Period to the School Child."

Dr. Frank T. Neer, Paterson, is a major in the M. O. R. C., not a captain as given in the list printed in last month's Journal.

Dr. Herbert E. Riddell, Branchville, has re-

cently been promoted from lieutenant to captain in the M. R. C., and is at Charlotte, N. C.

Dr. Walter A. Hickman, Princeton, commissioned 1st Lieut. M. R. C., has been assigned to the Base Hospital, Camp Dix, Wrightstown, N. J.

Dr. J. Boone Wintersteen, Moorestown, who was commissioned Capt. M. R. C. and assigned to Base Hospital, Fort Riley, Kansas, writes: "Our 2,000 bed hospital is filled to capacity."

Dr. Alfred A. Lewis, Morristown, was confined to his home a few days recently by sickness.

Dr. Thomas H. Tomlinson, Plainfield, and wife recently celebrated the 49th anniversary of their wedding.

Dr. Joseph H. Marcus, Atlantic City, has a paper in the Medical Record on "Primitive Dietary Laws."

MEDICAL EXAMINING BOARDS' REPORTS.

The Third Examination of the National Board of Medical Examiners was held in Chicago, Ill., October 10-18, with the following results: 29 examined; 22 passed and 7 failed.

State Examining Boards.

	Exam.	Passed	Failed
Arizona, July	14	12	2
Dist. of Col., July . . .	7	5	2
Indiana, July	38	36	2
Iowa, June	29	29	0
Minnesota, June . . .	35	35	0
Mississippi, June . . .	19	15	4
New Mexico, July . . .	21	21	0
Oklahoma, July	21	18	3
Virginia, June	65	60	5
Wisconsin, June	45	43	2

Public Health Items.

Mayor of Newark Congratulates Health Department.

"I congratulate now the present Health Department officials and employees who have promptly taken up the fuel, food and tuberculosis questions and have obtained immediate results beneficial to the people generally. The disposition and ability seem to be there. All that is needed now is co-operation.

"As Mayor, I intend to take a very deep interest in the health question, and I intend to keep in very close touch with the Health Department and all its activities."

Camden Board of Health.

A considerable increase of contagious cases is reported by the board over the previous month's report—increase of 10 cases diphtheria, five of tuberculosis, 72 of measles and 11 of mumps. In all contagious diseases 320 as against 105 the previous month.

Newark Board of Health.

The report for November shows 503 as the total of deaths, the death rate having been 14.7 per 1,000 population. Organic heart disease caused 64 deaths; Brights disease and nephritis, 57; pneumonia, 51; tuberculosis, 59; cancer tumors and cirrhosis of liver, 40. Cases reported: pneumonia, 278; tuberculosis, 160; diphtheria, 98; scarlet fever, 77; typhoid fever, 11; mumps, 302; measles, 75.

(Continued on page XVI.)

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FROM NURSERY TO DINING-ROOM.*

BY WILLIAM W. RIHA, M. D.,
Bayonne, N. J.

Medical Director, The Child Welfare Station;
Visiting Pediatricist, Bayonne Hospital
and Dispensary.

Mythology and history record numerous instances of perilous voyages, notable among which is the wanderings of Ulysses. How these stories were wont to thrill us; and how we wondered what was the limit of human endurance. This evening, let me introduce you to the good ship "Nutrition," which has sailed for many centuries without compass over uncharted seas; and to certain features of its complicated and mysterious engine-room, called "Metabolism." And let me introduce you to our passenger, "mewling and puking in the nurse's arms, and with no language but a cry." Our journey is short, but who will ever know of the countless shipwrecks that had occurred; and who can ever predict the numbers that are yet to come.

The poet wrote, "to him who in the love of Nature holds communion with her visible forms she speaks a various language"; but what a various language she speaks to him also who hold communion with her *invisible* forms. What a various language has she spoken to Abderhalden, Escherich, Czerny, Finkelstein, Lusk, Mendel, Lanstein, Osborne, Steinitz, and others. These are the men that are piloting the good ship "Nutrition"; these are the men that gave the ship its compass, and chartered the heretofore uncharted seas, and these are the men that revealed to us the intricate mechanisms of the engine-room, Metabolism. Is it any wonder then, that our little

passenger is no longer "mewling and puking in the nurse's arms?"

The rogues of difficult infant feeding had been many. At one time the protein of the food was the arch-demon; at another time the fat of the food was the culprit; then it was the casein; and then the whey; and later yet the sugars. Like Sisyphus in the lower world, we have been rolling the huge rock to the top of the steep hill only to see it roll down again.

Happily, that day is passed when the child was looked upon as the vest-pocket edition of a man. Early infancy, the nursing period, weaning, dentition, the school period, and puberty, each has its characteristics whose counterpart is not found in man. But unfortunately that day is not passed when mothers believed that a little diarrhea is good for a child, and if checked would end disastrously for the child. It reminds one of the philosophy of David Harum: "some fleas is good for a dog. It keeps him from broodin' on bein' a dog." We know that no diarrhea is good for a child; and we know that every pathological process, however innocent it may seem, leaves its indelible scar somewhere in the body. A good disease has not yet been found.

Let us now consider a few of the metabolic problems that have to do with infant feeding. Will we ever appreciate the debt we owe to Abderhalden? Will we ever appreciate the El Dorado that his great genius discovered for us? For it was Abderhalden who found that the common food proteins are very complex substances, made up of from twelve to eighteen different amino-acids. And what a debt we owe to Osborne and Mendel, whose assiduity has given us the knowledge of the indispensableness for growth of certain amino-acids. The discoveries of these great masters mark the beginning of a new dispensation in infant feeding.

*Read at the meeting of the Practitioners' Club of Jersey City, December 11, 1917

The amino-acids that interest us the most are lysin, cystin, and tryptophan. Now, it has been demonstrated that the casein of milk is poor in the essential amino-acids; and that the lactalbumin has them in abundance. And further, it has been found that breast milk has relatively twelve times as much lactalbumin as cow's milk. Can you not see why the breast-fed baby thrives?—thrives on a milk rich in lactalbumin which contains all the essential amino-acids? And can you not see why the baby calf to be fed on a milk poor in the essential amino-acids is born with eighteen teeth? Were we not wrong when we thought that we had conquered the alpha and omega of infant feeding when we gave the baby the same percentage of cow's protein as that found in mother's milk? What a bomb the great master threw into our old dogmas, which, like burdocks, are hardy and slow to die. And another master, Holt, has called our attention to the fact that the cow's milk begins to fail after the second month; that it is an inadequate food for the cow's own offspring; that it is poor in the essential amino-acids; and this all, making it obligatory for the calf to gather its food needs from various other sources. On the other hand, mother's milk begins to fail at about the eighth month. And it is at about this time that the iron that was stored in the baby's liver before birth becomes exhausted. This original supply of iron is never replenished, because breast milk has none of it. Is it any wonder then that babies kept on the breasts too long become anemic, flabby, and rachitic? And would it not be wise to do for our babies what the calf is seen doing for itself? Would it not be wise to supplement the milk diet earlier than has been our custom with starch, green vegetables, fruit juices, broths and eggs?

Fat plays such an important part in the constipation of infants, that something must be said about this essential food element. And lest we forget it in passing, olive oil added to the child's diet does not correct constipation, but on the contrary aggravates the condition for reasons mentioned below. The fat globule is made up of two companionable pals—fatty acid and glycerin. Very little harm befalls them in the stomach, indeed, fatty acid and glycerin are the last to leave this region. But when they enter the strange world beyond the pylorus their life becomes a tragedy. They do not travel far along Main Street when they come to Wirsung Avenue, where the villain, pancreatic juice cuts them in twain. But

we said that fatty acid is a companionable fellow. And so it is that finding alkali looking lonesome, fatty acid makes common cause with him. This new covenant we call soap. But alas, while rejoicing in this new union, soap finds himself traveling in the vicinity of Bile Boulevard, where a second villain, bile, so vigorously attacks our friends that soap becomes completely emulsified and disappears in the lacteals for final burial in the various tissues of the body.

We said that the fatty acid combines with an alkali to form soap. And so it is that when this process is going on to excess, there occurs a serious demineralization of the tissues of the body, with a drop in the weight curve. Salts are influential in the retention of water in the tissues and hence are a causative factor in weight increase. And furthermore, by the withdrawal of alkalies through the intestinal wall there is a disturbance of the acid-alkali balance with an increased amount of ammonia in the urine and the production of acidosis.

Well then, when do we wean? Usually at the beginning of the eighth month. And why at this time? Because, as we said, the mother's milk begins to fail at this time—there is a serious deficiency in all the mineral salts, in fat, and in amino-acids; because the teeth begin to appear—nature's sign that the child is ready for food other than its mother's milk; because empiricism has taught us that prolonged lactation results in anemia, late dentition, delay in walking, late closure of the fontanelle and rickets; and because empiricism has taught us that the above conditions are avoided when other foods are added to the diet. Phaundler and Schlossman tell us that occasionally the eruption of teeth acts as a cause for weaning because the baby bites the nipples and makes them sore. These authors tell us that certain savage tribes nurse their offsprings for two or three years without any apparent harm; but we are not speaking to-night of savages.

The next point to consider is the method of weaning. Beginning at the eighth month, sometimes at the seventh, or even the sixth, the mother is told that it should take her from four to five weeks to complete the weaning. During the first week of the weaning period the mother is instructed to give the baby the breast as usual, every three hours, save the 9 A. M. feeding for which she substitutes barley or oat jelly, adding a small quantity of cow's milk, and a pinch of salt, but no sugar. The sugar is

omitted because it is a highly concentrated food, and if given several times a day will produce a troublesome anorexia. During the second week of the weaning period, breast milk is given twice in the forenoon and twice in the afternoon, with a feeding of barley or oat jelly for breakfast and one feeding of cow's milk in the afternoon. During the third week breast milk is given twice in the forenoon and once in the afternoon, with two feedings of cow's milk and barley or oat jelly for breakfast. During the fourth week breast milk is offered only twice a day, cow's milk three times a day and barley or oat jelly for breakfast. Beginning with the fifth week, all breast milk is omitted and the child is completely weaned. Barley or oat jelly is prepared by adding two rounded tablespoonfuls of barley or oat flour to a pint of water, dissolving the lumps and boiling in a double-boiler for one hour. In addition to this the child may be given one or two tablespoonfuls of orange juice. But when fruit juices are given, a milk feeding should not follow for at least a half hour. Let it be said in passing, that contrary to the opinion that generally prevails, orange juice does not correct constipation. We have hundreds of cases on our records to substantiate this statement. The weaning plan, above outlined, is the ideal. With its use we experience the least amount of digestive disturbances, and in instances when the cow's milk disagrees we still have the breast milk to come back to. Weaning will be expedited, and with a minimum of discomfort to both mother and baby, if a bottle or two of artificial food is given the baby from early infancy.

From now on, starch is to play an important role in the child's dietary. Morse and Talbot tell us that the power of digesting starch is twice as strong at eight months as it is at birth; and at one year it is as strong as at three years. Carbohydrates assume a double prominence in metabolism: (1) The intermediate products of carbohydrate consumption, the keto acids, are protein spacers; and (2) the carbohydrates assist in the metabolism of fats, or as Naunyn puts it, "fat burns in the fire of the carbohydrate." There must be not only enough of fat but also enough of sugar, or else the fat is incompletely metabolized, and these cleavage products if absorbed act as powerful poisons. The carbohydrate is absorbed as a monosaccharid, and is stored in the liver and muscles in the form of glycogen. From this glycogen sugar is formed for metabolic

needs. When the glycogenic supply is exhausted, as in periods of starvation, glycogen can be formed from protein in the body. This proves to us that foods are interchangeable. The Esquimau in the frozen north subsists on the fat and flesh of Arctic animals; while the coolie in tropical India lives on carbohydrates, largely in the form of rice. Yet he in the eternal snows and he in the land of Brahma live and thrive.

The cereals (from Ceres, the goddess of corns), contain from 60-80 per cent. of carbohydrate; from 7-13 per cent. of protein in the form of gluten and found in the pericarp; from $\frac{1}{2}$ -8 per cent. of fat and from $\frac{1}{2}$ -4 per cent. of mineral substances, consisting of phosphates of soda and potash, and lime, magnesia, and traces of iron. The fat is most abundant in those cereals grown in the temperate zone, and least abundant in those cereals cultivated in the tropics. The legumes, represented by peas, beans, and lentils are rich in protein, called vegetable casein. This vegetable casein is rich in sulphur, and hence the sulphuretted hydrogen and flatulence that a too generous diet of these foods may produce. The legumes contain more salts and cellulose than the cereals, and one member of this group, lentils, is rich in iron. These vegetables have been called vegetable meats. This is not strictly accurate, because they all do not contain all the essential amino-acids. Potatoes should be cooked or baked in their jackets, in order not to lose the large percentage of alkaline salts which are anti-scorbutic. New potatoes are indigestible and should never be given to children. Spinach, beets, carrots, asparagus and cauliflower are valued for their potash and iron; and the indigestible cellulose stimulates intestinal peristalsis. Of these green vegetables, cauliflower is the most easily digested. It has been our practise at the Child Welfare Station to feed our babies the green vegetables as early as the tenth month, and never later than the twelfth. Dr. Courtney, at the Babies' Hospital, feeds the green vegetables as early as the sixth or seventh month, with excellent results. She found that much of the ash of green vegetables is lost on boiling, and therefore substituted steaming. This is a valuable point to bear in mind. And since the salts form such an important part in the development of the child at this period, it is well to remember that the legumes and cereals rank highest, the green vegetables next, the meats third, and the fruits last.

Let us return now to the baby we had weaned. We made the journey from the nursery to the dining-room without mishap. The good ship "Nutrition" is safe in its moorings, and our little passenger looks well and hearty. At this time, starch is to be an important part of its diet. We know that its tissues are crying aloud for salts; and the cereals it is to get contain them in abundance. And so, after a temporary diet of barley or oat jelly, our youngster is ready to digest the heavier cereals, such as oatmeal, wheatena, farina, cream of wheat, cornmeal, rice, and hominy. We add to this plain beef, mutton or chicken broth, not because they are foods, but because they add variety to the diet, and act as appetizers. And to make the diet more complete we allow apple sauce, baked apple, stewed pears, scraped raw apple, orange juice, graham crackers, soda crackers, bran biscuits, wheatsworth crackers and last, but by no means least, cow's milk. Indeed, cow's milk is such an indispensable part of the baby's diet at this time that a word must be said about it. Let me quote from Rosenau's massive work on Preventive Medicine and Hygiene. The author says that milk is responsible for more sickness and deaths than all other foods combined. And these are the reasons that he advances for this state of affairs: (1) Bacteria find milk an excellent culture medium; (2) of all foodstuffs milk is the most difficult to obtain, handle, transport and deliver in a clean, fresh and satisfactory condition; (3) it is the most readily decomposable of all our foods; and (4) milk is the only standard article of diet—obtained from animal sources consumed in its raw state. What an indictment! It seems that we are playing with fire. But this unsafe article of food has been made safe, thanks to our late Dr. Coit, and certified milk can now be purchased almost anywhere by those who can afford the price. To those who cannot purchase it, pasteurized milk is offered as a milk of second choice. But pasteurization is not a panacea for all the ills that milk is heir to. In reality it is a two-edged sword. To be sure the process destroys the pathogenic micro-organisms, but at the same time it kills off the very efficient police force of the milk, its lactic acid bacilli. While this police force is on active duty, the thugs dysentery bacillus, typhoid bacillus, and colon bacillus have no opportunity to do mischief; in fact they are speedily clubbed to death. Wipe out the efficient police force and the thugs

have the field to themselves, to do incalculable harm. In our work in infant feeding all milk is sterilized. The milk is brought to the boiling point and held there for two or three minutes. And how many cases of scurvy have we? We have never seen one, and we believe we never will. If this is apostasy, we are proud of it. Look at the German and Austrian divisions fighting on the battlefields of Europe. Everyone of those soldiers who was not fed on breast milk during infancy was fed on boiled cow's milk. Aside from the fact that their cause is unjust and their methods of warfare damnable, you must agree with me that they constitute an excellent fighting machine, and this in spite of a diet of boiled milk during infancy.

We have told you when to wean, how to wean and the diet that is to be administered after weaning. We shall bring this paper to a close by discussing a few of the complications met with at the weaning period. These common complications are: (1) Constipation; (2) diarrhea, and (3) the refusal of food. Constipation may be the legacy handed down from breast feeding days. It may be due to a relatively long sigmoid or to a congenital atony of the intestinal musculature. In this condition, strychnine sulphate will do more good than cathartics. Constipation is seen especially in children of indolent mothers—they who lead inactive lives, eat a great deal of rich foods, and who exercise not at all. The stools of such infants are dry and crumbly, rolling off the diaper and are called dog stools. These dog stools are brought about by a diet too rich in fats; the fat digestion becomes disarranged, and the fat that should have been emulsified remains as insoluble soap. And may we linger here a moment to say a word about this Gordian knot of breast feeding days? These constipated babies will be benefited not by cathartics, but by oatmeal gruel. And this is the way it works. You remember that the fatty acids combine with alkalis to form soap. Now, this soap splits up in an acid duodenum, so that by feeding a fermentable carbohydrate, the acid formed combines with fat to form fatty acid, the soap is split up and the fat and salt digestion becomes normal. The child gains in weight, in color and in well-being, and the stools become normal. The baby is kept at the breast for five minutes, and the feeding is concluded with a bottle of oatmeal gruel. Try this as we did, and get the pleasant surprise that we did. But whatever the causes of constipation may be, the

greatest malefactor of them all is the *abuse of cathartics*. If there were such a thing as a rogues gallery of materia medica we would place castor oil in the position of greatest prominence. What a two-faced Janus it is; serving us admirably well at one time, and decidedly wrong at another. There is no type of constipation more misbehaved than the constipation that follows the injudicious use of castor oil, administered for every conceivable ill that baby flesh is heir to. After this abuse, we find the baby's bowels closed tighter than the miser's purse; and after days or even weeks of wrestling with this condition, we stand baffled and chagrined. And this is due not infrequently to the fact that the inexorable grandmother unblushingly persists in proclaiming her inerrancy. Such has been our experience with the imprudent use of cathartics, that we are forced to the conclusion that castor oil does more harm than good. If this is heresy, we are ready for the thumb-screw and the rack. After weaning, constipation is usually less troublesome, for by the addition of starches and green vegetables normal intestinal peristalsis is maintained.

Diarrhea at this time is not so serious a condition. The fermentable type may be produced by a diet too rich in starches—that is by feeding cereals oftener than once a day. It is corrected by limiting the amount of starch consumed to one feeding a day. Another type of diarrhea may be produced by a too generous diet of green vegetables—a food too rich in cellulose, causing an excessive peristalsis. By diminishing the amount of green vegetables, this type of diarrhea will disappear.

The complication that will give us the most concern is the *refusal of food*. You have seen the same vaudeville performance, have you not? The young "autocrat of the breakfast table" is refusing its soup. The grandfather is standing by bribing the "autocrat" with his watch and chain; the father in bellicose mood is swinging his razor strop hither and thither; the grandmother is going through a series of comical pranks in her effort to make the "autocrat" laugh; while the mother stands guard ready to hurl a spoonful of soup into the baby's mouth. What a theme for the "Indoor Sports" cartoonist! Like all autocrats, big and little, this "autocrat" craves attention. In addition, he looks for sympathy. "On account of too much coaxing, the child becomes obstinate. Remove this unnecessary and abnormal stimulus, refuse to be con-

cerned about how much or how little the child eats, and you will be agreeably surprised to find it eating, eating to supply a normal, physiological need." But we warn you against disregarding anorexia due to parenteral infections and constitutional diseases, especially against the former. In parenteral infection, as for example subacute nasopharyngitis, the nutrition is disturbed, and anorexia is one of the symptoms. The simple dyspepsia, if untreated will lead to intoxication and decomposition with certain death. Here we cannot stand stoically by and see the baby starve; and if we do, death of the infant will be the inevitable sequel. The babies of this group *must* be fed, fed through a stomach-tube if you must.

But we said that the good ship "Nutrition" is already in its moorings. The voyage from the nursery to the dining-room has been made, and the little passenger is now a landlubber. We leave him in your hands for further guardianship.

MALINGERING.*

BY WILLIAM J. CHANDLER, M. D.,
South Orange, N. J.

Some of you, who attended lectures at the Col. P. & S. in the '60's and '70's, will well remember Dr. T. G. Thomas—that most delightful lecturer on obstetrics and gynecology—and you will also remember his class in diagnosis, which he took with him through the wards of Bellevue Hospital, and stopping at the bedsides of different patients would call up one after another of the class to examine, each a patient, and make a diagnosis before the whole class. I think that I, personally, profited more from this thorough and methodical course in diagnosis than from any other one branch of instruction in the whole college curriculum. We were taught that to obtain a correct diagnosis we must proceed in an *orderly* manner, use all of our senses and observe to the minutest detail everything connected with the patient and his surroundings.

All of you are familiar with the difficulties and pitfalls that beset the diagnostician. The uneducated and the careless often fall into error. Even the shrewd and competent physician may from time to time be mistaken in diagnosis. And when to these ordinary difficulties we have in addition to contend with those presented by the feigner of disease, we can readily perceive how

*Read before the Orange Mountain Medical Society, Friday, December 21, 1917.

necessary it is to use all of our faculties lest we fall into a trap set for us.

At the outset we may well define what we mean by a malingerer. Lord Justice Bulkley states that a malingerer is "one who is not ill and pretends that he is. If he really thinks that he is ill, he is not guilty of that pretence."

Bramwell defines a malingerer as "one who feigns sickness, or who deliberately (knowingly and willingly) induces or protracts an illness, with the object of avoiding duty, claiming money compensation, exciting sympathy, or for any other reason." He would "differentiate between malingering—the conscious and deliberate simulation of disease or exaggeration of symptoms, and valetudinarianism—the unconscious simulation of disease or exaggeration of symptoms." By a valetudinarian we understand, one who is morbidly solicitous about his health, or as we often express it, "hypped." Many such persons may become confirmed invalids, or they may be induced to return to work and recovery, according to the attitude of the medical man in attendance. Very much depends on the view taken by the physician.

History is filled with the description of feigned diseases. In I. Sam. xxi., 13, David remembering the insanity of Saul, feigned madness, as the text reads: "And he (David) changed his behavior before them and feigned himself mad in their hands, and scrambled on the doors of the gate, and let his spittle fall down upon his beard." He was considered as a madman and thus escaped, and hid in the cave Adullam.

In Genesis, Chap. xxxi :35, Rachel pleads "that the custom of women is upon me" and so prevented the search for the stolen images of Laban.

Ulysses feigned insanity to avoid going to the Trojan war. "He plowed the sand of the seashore and sowed salt instead of grain," but as usual he overdid the matter and his insanity dodge was discovered.

In Hume's England "Raleigh made use of many mean artifices, such as feigning madness, sickness, and a variety of diseases to protract his examination and to procure his escape."

But the practice of malingering is not restricted to ancient or post-medieval times. It has existed in all ages past and will continue to exist in all the ages to come, so long as man is man.

A few years ago in a not distant town a youth was injured by falling from a loft. One of his legs was broken and both knees

were injured. The family physician was called and treated the case. In due course of time the bones united and the knees resumed their natural appearance except that they were somewhat flexed and were becoming more and more so. Any effort at extension elicited symptoms of great pain, so that the physician advised a consultation and putting the boy under ether in order to endeavour to straighten the limbs. This proposition was rejected and the physician's services were discontinued. When later he sent his bill he was very promptly met with a suit for malpractice, the parents claiming that the boy had not been properly treated. The suit was defended but the appearance of the boy in court, on crutches, and as one who was doomed to spend his life as a helpless cripple, so appealed to the jury that a verdict for a large sum was rendered against the physician. He, feeling that the decision was unjust to him, appealed the case. He was also somewhat suspicious that he was being imposed upon and decided to do a little detective work. He had the boy watched and soon learned that from time to time the boy was observed to be walking about fairly well and without crutches. He soon heard that the family were going away for a trip to the mountains. He hired a photographer to go on the same train. Pictures were taken of the boy getting on and off of the train. It is astonishing what an improvement the ride of a few hours made in the condition of that boy. At his home station he required the assistance of his crutches and two persons to ascend the steps to the train platform, while at the place of destination he abandoned his crutches, his helpers, and descended the steps as well as any other passenger. When the case came to trial these pictures were put in evidence and the decision of the lower court was very promptly reversed.

A number of years ago, in my early practice, I was called in great haste to see a servant in the family of Mr. T. The girl was a strong, healthy-looking Swede about 25 years old. The history as given to me was that she had been in her usual health until that morning, when she appeared depressed. She ate but little breakfast and nothing at lunch. Shortly after that she was observed to fall on the floor in a convulsive seizure. When I saw her she had been placed on a lounge, but was tossing and twitching, unresponsive to any questioning, and appeared to be oblivious to all her surroundings. Her pulse was normal, her breathing somewhat irregular, and sigh-

ing, while she threw herself about on the lounge she did not throw herself off the lounge. Occasionally her eyelids would twitch and partly open, not with the blind stare of a convulsive seizure but as though she might be taking an observation of her surroundings. I had carefully watched the girl from the time that I first entered the room and from all the conditions of the case I felt that she was not unconscious and was feigning all the symptoms. I took Mrs. T. into another room and told her my impressions. I also told her that if she would follow my directions I thought that I could soon prove the correctness or incorrectness of my views. We then returned to the room and I said in a rather loud tone of voice: "This is a very serious case and we must take very severe measures. I would advise the immediate application of red hot irons to the flesh on each side of the spinal column." This announcement was immediately followed by a violent fit of twistings and contortions. Mrs. T. also said that they had no fire (it was summer time). I told her to "have the fire lighted at once with kindlings and to heat two pokers red hot as soon as possible, as, if the girl did not recover very quickly I should have to apply the hot irons. It was the only course that could arrest such an attack." The snapping and cracking of the fire could soon be heard and there was a little subsidence of the twitchings. Pretty soon the eyelids began to open and the tongue was unloosed so that she could rather unwillingly answer a few questions, and by the time that it was announced that the irons were ready for use the girl was so much restored that I informed Mrs. T. that I would wait a while and suspend the application of the irons unless there was a recurrence of the symptoms, but to keep them hot for a time longer in case of need.

I waited for a time but there was no return of the convulsions and the girl's condition was soon perfectly natural. I advised that if she had any similar attacks that they should put the irons in the fire and immediately send for me. It is needless to add that I did not have to attend her for any subsequent attack. I afterwards learned that the night before her attack she had a love spat with her beau and this was undoubtedly the cause of her upset.

At that time I called the attack, "hysterical convulsions." I now think it would better be called "malingering" for the girl was not ill, but only pretending that she was. What her motive was I cannot say positive-

ly, but probably it was a craving for sympathy, and in this way she sought to elicit it.

These cases are often difficult to class. They are on the border line between malingering and a neurosis. It is sometimes exceedingly difficult to make a differential diagnosis. A malingerer can always divest himself of his pretence but a neurotic girl may so long and so frequently give way to these nervous manifestations that she is unable at last to control at will their exhibition. It is very difficult to decide what attacks are controllable and what are beyond control.

Some twenty-five or thirty years ago I saw a young woman in consultation with her physician. She had had hysterical convulsions for several years, and had been seen by a number of the best physicians in this vicinity and all made the same diagnosis. I saw her in several of these attacks and concurred in the diagnosis. Her urine had been examined many times and nothing abnormal found. In the absence of her physician I was sent for to see her in another of these attacks. I encouraged the family that it would soon pass off like the others; but it did not, and she died, without returning to consciousness. No autopsy was permitted and I never knew positively the cause of death.

In the case I cited above I had no intention of using the hot irons but only desired to impress consciousness of the patient that she would of her own volition control and repress the exhibition of symptoms, which I felt she was perfectly able to control.

There are many reasons why persons become malingerers. Some are lazy and prefer to lead a life of idleness by sitting as beggars and displaying some deformity which claims the contributions of the passers by. Others crave sympathy and desire to attract attention to themselves. Others are criminals and seek thus to avoid paying the penalty for their crimes. Others have met with an accident and being insured in an accident insurance company attempt to exaggerate their injuries or to prolong their convalescence and thus obtain a larger amount of indemnity. Some seem to have no motive whatever, but belong to that class of feeble-minded degenerates or neurasthenics whose vagaries are often a puzzle. Just at the present time many from cowardice or want of patriotism attempt to avoid military duty by feigning illness or by exaggerating disability.

The detection of a malingerer is often very difficult and will depend on the experi-

ence, competence, versatility and perseverance of the examiner. The feigner of insanity generally overdoes the matter and a careful observer or the trained alienist will generally detect the deception. But in many cases the *statement of the patient* must be our guide as to the amount of disability. If a bone is broken or dislocated we can generally determine that fact independently of anything that the patient may tell us. But who can determine the clearness of a mental conception, the distance or distinctness of vision, or the acuteness of the hearing, except he be guided largely by the statements of the patient? And who has ever yet given us a reliable *measure for pain*? The alienist by his shrewd observation and questioning; the ophthalmologist and refractionist by their instruments and lenses; the otologist with his watch, his tuning forks and his high- and low-pitched musical tones may become very suspicious or almost certain that the patient is a malingerer, but it will require persistent watching to become absolutely convinced of the fact.

The one department in which the physician is brought in contact with the malingerer most frequently is probably that of accident insurance or in the kindred department of the workmen's protective associations, or the employer's liability insurance companies. Here there is a strong temptation to prolong or exaggerate the disability, or to create a disability which does not exist, or is due to some difficulty not connected with the alleged accident.

In one case a sailor fell from a mast of a vessel and injured his back. He drew indemnity at the rate of ten dollars a week which was cheerfully paid for two years. Then the company began to suspect that the man might be shamming. They paid for two years more and then tried to settle. The case went to court and it was there shown to the satisfaction of the jury that the man was shamming. The company had paid him nearly \$3,000.00 and according to the life expectation it could have been prolonged to double that. Shortly after the settlement the sailor threw away his crutches and returned to work.

In many of the injuries to the back there are often unskilled and random diagnoses. Is the man shamming or is he suffering from inflammation of the bones and joints at the lower part of the back? He may have a kyphosis. Is it real or is it feigned? Or may not a feigned kyphosis become a more or less complete kyphosis by being persisted

in for a length of time. The use of an anæsthetic, to determine this point, is often refused, and this refusal is in itself presumptive of fraud. Or again a man with rheumatoid arthritis or osteo arthritis or spondylitis deformans may have some slight accident and attribute all of his subsequent disability to the accident and in that manner impose on the company. In one case of this kind a man collected a large amount in settlement of his claim. After it was settled it was learned that he had told a neighbor that he had had "lumbago" more or less constantly for six months before the alleged accident. Undoubtedly he thought it was a good chance to get some money out of the company.

There are certain osteophytic outgrowths on the vertebrae, which are often noticed on x-ray pictures taken in examinations of the kidney. They are not due to accident but are the result of disease, and when observed, must be taken into consideration in deciding how much of the man's disability is due to injury and how much to disease. I well remember a case in a commercial accident insurance company. The gentleman had been a commercial traveler, but had accumulated some money and built a factory in a nearby town. I was requested to see him on account of an injury to his wrist. The facts are as follows: He had fallen about a week before and sprained his right wrist. His business was to superintend the general running of the factory, to take charge of the correspondence and sign the checks. He had been to his factory every day since the accident, been over the factory as usual, but could not conduct the correspondence nor could he sign the checks. He claimed *total* disability, because the writing was the chief part of his work and that he could not do. I told him that the company would not allow total disability for an injury to one extremity and that the upper extremity, unless the pain was sufficient to detain him at home. I also told him that he could get a stenographer to take his dictations and carry on his correspondence, and that he could make arrangements with his bank to recognize his signature made by his left hand or give his stenographer power of attorney to sign checks until he could write with his injured hand. He said he was unwilling to pay the cost of a stenographer and he would not try to write with his left hand. I told him that the company would not recognize his objections as to cost nor as to unwillingness; that he might have been injured in such a manner as to call for surgical in-

terference to the amount of \$1,000.00. That would be his misfortune in which the company according to their agreement would willingly sympathize to the extent of \$25.00 per week for total disability, or a proportionate amount for partial disablement. I also reminded him that he was trying to use his hand too much (he was then signing checks), and in that way was prolonging his disability, and was to that extent guilty of contributory negligence which must be taken into consideration in any settlement he might make with the company. I was unable to come to any agreement with him and advised him to come up to see me when he thought he could settle. After a few weeks the company wrote me to see him again, which I did, but he was still unwilling to settle. After a few weeks more he came up to see me and said that his hand, while much better, was not well yet. I told him that he was largely responsible for that, as he had used his hand from the very first and had not followed my advice to spare his hand. For this prolonged disability he must share with the company and bear a part of the loss. I asked him what he thought would be a proper settlement. He replied that he would claim six weeks total disability. I told him that it was useless to discuss the matter with him and referred him to the company. He was very angry and said he would sue if his claim was not paid. I saw no more of him but wrote to the company his statement as to his claim, which I considered as grossly exorbitant. Some months afterwards I heard from the company and learned that he had taken three weeks' partial disability as a settlement. This man was a bluffer. When I first saw him there was no swelling about the wrist and I think that he got all the indemnity that was due him.

I could cite many other cases, most of them prolonged or exaggerated disabilities, some of them entirely fake, but as a rule the commercial travelers are honest and are willing to take any fair settlement. I cannot say the same for workmen's insurance or employer's liability cases. I think that they generally want all that is coming to them and a little bit more. In concluding this paper I wish to add one corollary—a natural sequence to the consideration of this subject. It is suggested by the very interesting remarks of Sir Edward Collie on the suits for indemnity in these accident cases. They pertain to us all as physicians, for we come into the cases sooner or later, either as the examining physician for the company

or as the family physician for the plaintiff. As medical men it is our duty not to countenance exaggerated claims. "The difficulties which defendant companies have in refuting unjust claims are enormous. The plaintiff assumes that the defendant will minimize his injuries, and consciously or unconsciously—is led to exaggerate them. Not unnaturally he looks to his family doctor to support him against what he assumes to be a great wealthy corporation, and in my (Collie's) opinion he is seldom disappointed. By self-observation and encouragement of every morbid sensation, and a complete surrender of his better ego—he tutors himself into a condition, in which his aches and pains—assuming them to be present—run riot. Littigants of this sort should be taught that a firm determination to turn a deaf ear to their distorted sensations really makes for happiness, and that self-respect and a return to work, when able, are of more service than all the pecuniary indemnities the court can allow.

Now the best treatment for a patient of this sort is a little plain speaking by his own doctor very early in the case. But what is the position of the family physician? Can he *do* this, or anything approaching to it? Too often, it is to be feared, if he did so, it would mean the sacrifice of his position as medical attendant. Sometimes it would be the part of wisdom to call in a consultant and ask him to give his views quite candidly to the patient. Men are often sent back to work by a few well-chosen sentences."

And right in this connection let me add, that while the injured patient has strong inducement to prolong the period of his disability, it seems that in some cases he has the aid and encouragement of his medical adviser thereto, who looks on the insurance company as a party, the least of whose duty is to pay the claimant enough to meet the doctor's bill. This is a mistaken view, as the contract between the insurance company and the insured takes no cognizance of medical fees, but is for a specified definite amount according to the disability, and while the indemnity is generally much more than enough to meet the bill for medical services, there is no contract to meet that bill, nor any other bill incurred by reason of the accident. The insured has the right to spend the money as he pleases, and not infrequently he leaves the medical man in the lurch. The attending physician can very frequently aid both the patient and the company by advising *total disability* in the very earliest stages of an injury. The company

would much rather pay total disability for one week (as in the case of a sprained ankle) and have the claimant then able to return to work, than to pay partial disability for a much longer period. But by *total disability* they would mean just what they say—with a sprained ankle—absolute rest in bed. When this suggestion is made to a claimant, who when seen a few days after the accident is up and hobbling about the house, he often replies: "I *can't* stay in bed. I would rather be longer in getting well." When this remark is made to me I generally tell them that they must then be willing to share the indemnity for this increased period with the company and not expect the company to stand for the full amount. This is a matter in which we as medical men can aid our patients and do justice to the insurance companies as well.

LOOSE KIDNEYS*

BY FRANK M. DONOHUE, M. D.,
New Brunswick, N. J.

Floating kidneys have, I believe, been in existence since the creation of man; at least I see no reason to doubt this statement, since the conditions which produce floating kidneys existed then as well as now.

It was not until about thirty years ago that loose kidneys began to be noticed and their symptoms received some attention. They exist as lesions in the body, and as lesions they produce symptoms more or less severe. They all require treatment, and it behooves us as men engaged in that work to look about and determine the best way to treat these lesions. People with floating kidneys are sufferers. They are all patients and they come to us for relief. If you do not relieve them they will go to some one who will.

The cause of floating kidneys is surrounded with some doubt and a great many theories. It is said by some that tight lacing is the cause, but I cannot see why tight lacing should cause a loose kidney on the right side and allow the left kidney to remain in place. This does not seem to my mind to answer the question. Relaxation of the anterior abdominal wall is said to be a cause. Relaxation of the abdominal wall, with its resulting ptoses of all the abdominal organs will allow the kidney to float, but here both kidneys are involved with the rest of the abdominal organs. I am speaking not at all

of general abdominal ptosis, but I am limiting myself to floating kidneys. General abdominal ptosis is not remediable. The one cause which appeals to me as the most reasonable explanation of loose kidneys is the absence of fat in the abdominal wall and anterior abdominal organs. Loose kidneys occur very seldom in those who have a fair amount of adipose tissue in the abdominal wall and organs. On the right side, we have located just above the right kidney, the liver, above the liver the diaphragm, above the diaphragm the lungs, which are making a cycle eighteen times every minute to carry on respiration. It is easy to understand that the right kidney deprived of the usual cushion of fat might be loosened by the constant impinging upon it by the liver at each inspiration, and once loose, the next step is not a long one to the condition of floating kidney. It is hard to account for a floating left kidney which we occasionally see on these same grounds, but it is a remarkable fact that we seldom see left kidneys which float. The latter explanation, it seems to me, is the best one—at least it will have to suffice until some one finds a better one. The terms "floating kidney" and "loose kidney" are used interchangeably. Some authors have tried to make of these terms two distinct conditions, but I believe the one is simply an exaggerated condition of the other. When a kidney becomes loose, the person possessing it is not far from floating kidney, and all that it requires is a little more time to bring this about.

Symptoms: The symptoms of floating kidney are usually very positive. The patient, usually a thin person, and in nearly eighty per cent. of the cases a female, will come into your office and complain of pain and, to indicate the location of the pain, will place her hand directly over the lumbar region. The pain radiates down along the course of the ureter. It is constant only in the erect position and almost always is relieved when the recumbent posture is assumed. Flatulence coming on immediately after eating, and intestinal flatulence are pretty constant symptoms, emaciation is present and pallor or anemia in the great majority of cases. In some cases I have seen the symptoms known as Dietel's Crisis. This is a condition where the kidney is so much of a floater that a kink takes place in the ureter—the urine is dammed back—accumulates in the pelvis, giving rise to severe pain until relief is obtained by lying down and the use of some sedative.

*Read before the Rutgers Medical Club, New Brunswick, January 11, 1918.

Diagnosis: The diagnosis is usually easy, with the proper examination. I have almost never been able to diagnosticate floating kidney if I examined my patient in a recumbent posture. Some men insist upon this posture for examination, but I am certain that these men fail in making the diagnosis in many instances where the condition exists, for I have demonstrated it many times to my complete satisfaction. When a person having a loose kidney lies down the kidney very soon assumes its normal position, and I do not believe that there are many diagnosticians who will assert that they are able to palpate a normal kidney in its normal position. The patient assuming the erect posture, place the left hand over the lumbar region, then with the finger tips of the right hand start at the free border of the ribs; gently without much pressure, move the fingers down the anterior spine, and in some part of this line you will notice a greater resistance than at the other parts. Go back to the point of greater resistance and press a little more deeply. You will feel a kidney shaped body. Press still a little more and you will find this body moves upward and backward toward your left hand which you had placed over the kidney regions. This should satisfy you that the kidney is loose. In a few cases, the loose kidney lying under the liver, I have had some little difficulty in making a differential diagnosis between loose kidney and gall bladder infection, but if you make the history of your case a prominent part of your examination, and study with care the points of greatest tenderness, I am sure that there are few of these cases that will baffle you. In these cases a small exploratory incision will clear up the diagnosis instantly. The examination of urine is not an aid in diagnosis. I never have found albumen or casts in the urine in any of my cases of floating kidney.

Treatment: Various plans of treatment have been advocated for the cure or relief of this condition. First, feeding. It has been advised that the patient eat a large amount of fat-forming foods so as to increase the fat formation of the body with the hope that if fat was supplied to the fatty capsule of the kidney, it would remain in place. This idea to me is so queer that it is almost laughable. It seems to me that those who recommend this plan of treatment have forgotten the pathology of the condition. Here you have an organ which has been detached from its normal bed freed from all its normal adhesions to the deep lumbar fascia, and it is expected that when you increase

the fat of the body the fatty capsule will partake of this increase in fat, and will gently lead the kidney back to its normal site and coax it to stay there. And all the time of this treatment, the patient is going about and attending to her usual duties. As I said above, it is so queer that it is almost laughable.

Specially constructed belts or kidney pads are used a great deal in the management of this condition. Our Philadelphia friends—many of them—have abandoned all operative procedures and resort to belts with kidney pads, because they say, that they have had so many recurrences after operations. My objection to the treatment by the belt and kidney pad is that you are giving your patient only a means of relief, not a means of cure. I have examined many patients with floating kidney who have come to me for operation who have worn belts many months without obtaining any benefit whatever, and I have taken occasion to examine these patients standing up, with the belts in place, by placing my hand under the belt, and in every case I have found the loose kidney down in the abdomen near the umbilicus with the belt steadily supporting only the anterior abdominal wall. So the treatment by belts and kidney pads offers you nothing in the way of cure. They only give to the patient a false sense of treatment, that something is being done for her to bring about a cure. The operative treatment holds out to these sufferers the only hope of cure. I advise it to all my patients who are under sixty years of age, and who have all the other organs healthy. It not only has given relief to a large number of people but has given me a great deal of comfort in the knowledge that I have been able to do something for these people who before had been leading a life of misery. The operation has no mortality. In over 240 operations which I have done, no deaths have occurred, even bloody urine occurred in only two or three cases. When I first began to operate for the condition I did only the Edebohl's operation. You all know what this is, incising the proper capsule of the kidney after having pushed down the fatty capsule toward the pelvis—peeling down this proper capsule of the kidney so as to decapsulate the entire kidney, then taking No. 2 catgut sutures and placing them through the capsule, turned down, and stitching with these sutures through the lumbar fascia. I found soon that many of my patients, a large percentage of them, were returning to me complaining of the

same symptoms, and on examination I found the kidney had again become loose, so I had about decided that if I could not get hold of an operation which would give me better results I should not operate again for this disease. The defects in the Edebohl's operation are: First, placing the sutures through the capsule only, and, second, the use of catgut sutures. In order to remedy these defects I decided to remove a part of the proper capsule of the kidney, place my sutures through the proper substance of the kidney and to use only medium size kangaroo tendon for sutures. Since adopting this plan I have not noticed any recurrences. This may be due to the possibility that my patients who may have had a return of the symptoms have consulted some one else than myself, but in those cases which I have since examined, and this forms a large percentage of my operations during the past ten years, the kidneys have been found to have kept their normal position. The symptoms have disappeared; the pain, intestinal and stomach flatulence have departed and the patients have been converted into well beings again.

The incision which has suited me best is one running nearly parallel to the last rib. When I first began to operate I used the straight incision only. With this I found some difficulty in delivering the kidney, so that now I always use the incision parallel to the last rib, and find I have no trouble in reaching and delivering the kidney. When the organ is brought out of the wound, the fatty capsule is peeled down towards the pelvis of the kidney; a rectangular piece about two inches long and one half inch wide of the proper capsule of the kidney is removed; these three medium sized kangaroo tendon sutures are inserted into the proper substance of the kidney; the kidney replaced; the sutures tied loosely, being careful to insert the sutures as high up in the lumbar fascia as possible. The wound is then closed with the suture of iodine catgut and continuous, the deep lumbar fascia, then the muscle and superficial fascia and finally the skin with a subcuticular suture is brought together. This suture is all in one piece of catgut. No knots are tied in any part of the suture, or at most only one, where the suture starts. This results in nice healing; no sutures to be removed and practically no dressing of the wound.

In acute pelvic suppuration, when the indications for interference are present, the operation of choice should be a simple incision and ample drainage.

Clinical Reports.

INVERSION OF UTERUS WITH SPONTANEOUS REPLACEMENT.*

BY JOSEPH A. MACLAY, M. D.,
Paterson, N. J.

On June 29th, 1917, I was called to the bedside of a young Italian woman, who had been delivered an hour before by a midwife. A violent hemorrhage had ensued. The midwife said that the birth was easy and the placenta came away normally. She denied pulling on the cord, or doing anything to the patient. The baby was normal and lusty. The placenta had been burned up. The patient was almost dead from loss of blood. I made no attempt to examine her per vagina, as the bleeding had ceased and the general condition was so desperate that it would have done no good. I was sure that I felt the fundus of the uterus through the abdomen, at this time, but subsequent events proved I must have been mistaken. She was removed to the Paterson General Hospital and there frequent subcutaneous instillations of salt solution were made under the breasts. Saline per rectum and water and other liquid nourishment was crowded by mouth. I was on the way to prepare for a blood transfusion, when word came on the evening of the second day that she was dying, and when I reached the bedside she was breathing like one about, shortly, to pass away. Another saline was tried as a last resort and the next morning the patient showed some improvement and thereafter she gradually became stronger. She made a slow convalescence and is at present in good health.

I made a vaginal examination of the patient three days after she was admitted and found that there was a large globular mass occupying the whole of the vagina, which could be seen on separation of the vulva. It felt perfectly smooth and was of such size that I could not feel the cervix. Considering my impression that I had felt the fundus the first day, and could feel a mass over the pubes then, I thought I was dealing with a fibroid tumor, which had come down with the child. A day or so later the mass had become somewhat smaller and I was able to feel the cervix, in ring formation around the neck of this tumor. Dr. Flood and Dr. Mackintosh also examined the

*Reported at the Passaic County Medical Society meeting, September, 1917.

woman and were agreed that the condition was most likely one of inversion of the uterus. I did not at first agree on account of my impression of the fundus in the abdomen, but later changed my opinion to agree with theirs. She carried a temperature for two weeks, which was moderate, but I felt that while it was present I would not make the attempt at replacing the uterus. I allowed her to go home on July 20th where she rested up and returned for operation of replacement on July 30th. At operation the contraction was found to have reduced the uterus so that but a very small part of the inside of the fundus was presenting through the cervix. The inversion had to all intents reduced itself and I feel that if allowed to persist would have completed the operation in two more weeks. A mild push against the fundus with a plug of gauge held in a sponge holder sufficed to replace the uterus to normal position. This case, while being one of the comparatively rare ones of inversion of the uterus, is remarkable for the fact that it naturally replaced itself. We many times wonder how things would go if left alone, and I consider this case to be unusually instructive from that point of view.

MISCELLANEOUS CASES.

Traumatic Syphilitic Gumma.

Drs. Levy and Gaby saw rapidly develop in the site of a contusion a gumma which promptly ulcerated. The patient had contracted syphilis only three months earlier. The gumma, which contains the treponeme, healed promptly under mixed treatment.—*La Presse Medicale*.

Malignant Growth in Antrum?

Dr. William Zentmayer exhibited at the Wills Hospital Ophthalmic Society meeting, Philadelphia, November 5, a woman 60 years old, who had recently noticed a bulging of the right eye preceded by nose-bleed. There was a firm ridge-like mass palpable just within the inferior orbital margin. There seemed to be slight bulging of internal process of frontal bone on same side. Movements of the globe were somewhat restricted downward and outward. The fundus could not be examined because of immature cataract which also prevented testing the visual acuity. The patient had just been admitted and was shown for diagnosis. Probably a case of malignant growth in antrum.

Dr. Zentmayer also showed, from the service of Dr. Chance, a girl with symmetrical lenticular opacities in anterior and posterior cortex and limited to one-eighth circumference of perinuclear zone. They were probably of the annular type.

Acute Mastoiditis; Enormous Leucocyte Count.

Dr. G. F. Keiper reports this case in *Annals of Otolaryngology and Rhinology*:

A four-year-old boy who had had an attack of tonsillitis four weeks before being seen by the author and in whom this infection had resulted in a bilateral otitis media. When seen, he had an acute mastoiditis on the left side and a right mastoid exhibiting suspicious symptoms. He was sent to a hospital for blood counts and the first one showed 60,090 white cells, 91 per cent. being polymorphonuclear. This first count was verified by another one made on the same day. The left mastoid was operated upon the next morning and on January 6th, two days after admission, the leucocyte count had fallen to 16,500 and the polys to 80 per cent. As the pulse rate remained high in relation to the temperature and the leucocyte count did not diminish to any marked degree and as a swelling developed behind the right ear, the right mastoid was opened on the 16th and abundant pus evacuated. By the 22nd the temperature had returned to normal and on February 8th the boy was discharged from the hospital.

Case of Recovery from Tetanus.

Dr. L. Sexton, in a paper in the *New Orleans Medical Record*, cites this case:

Mrs. C., age thirty-five, mother of two children. She had never had any serious sickness before, was attacked by all the classical symptoms of tetanus, and the diagnosis was made accordingly. The only abrasion that could be found upon her person was an ulcerated hemorrhoid from which she had suffered for the past three weeks with impacted feces. The jaw-closing tonic and clonic spasms increased daily as did the temperature, when it became necessary on the fourth day to control the spasms by chloroform and sedatives in large and increasing doses. We darkened the room by curtains, forbade visitors, ensured quiet, and protected the patient from draughts. Although we pushed the sedatives to the limit, the patient would be attacked by spasms as soon as the doses were reduced or given at longer intervals. In the early period of the disease we obtained eight vials of 1,500 units each of anti-tetanic serum, which we administered in the flank, two each day until they were all used. We discussed the use of the serum intraspinally, but on the principle of "safety first" for the patient, we injected into the flank and deltoid; this we commend to others in serious cases as they at least subject the doctor to less criticism if the case should prove fatal, as it is liable to do. We nourished the patient on milk, broths, soups, and various liquid foods (she swallowed best when under the influence of sedatives). We kept the bowels open with purgatives or enemas, used milk instead of water to quench the thirst, as it served the purpose of nourishment at the same time. When the temperature would reach 104°, she was given one 5-grain dose of acetphenetidin or acetanilide compound, not to be repeated more than twice in twenty-four hours, provided the temperature again reached 104°. The woman finally recovered.

Dr. Sexton adds: As to whether this patient was benefited by the injection of the anti-tetanic serum as a cure, or whether the antiseptic treatment of the hemorrhoidal ulcer or unloading the impaction, or the alternate use

of the sedatives, nourishing food, keeping the bowels open, or whether nature cured the case in spite of our efforts, I leave to the medical association to judge.

Traumatic Rupture of the Spleen.

Dr. Arnold Peskind reports this case in the *January, 1918, Medical Review of Reviews*:

Theodore G., an Italian boy, nine years of age, was brought into the East 55th Street Hospital close to 6 P. M., April 20, 1917. He had tried to cross the street when he was struck in his left side by one of the front lanterns of a fast-moving automobile and was thrown toward the curbstone. The child vomited once and had an involuntary evacuation of the bowels before he was brought into the hospital. When admitted the boy complained of pain in the abdomen.

Upon examination there were found no externally visible signs except a slight contusion over the left tenth rib, in the axillary line. There were no symptoms of any cerebro-spinal lesion. The abdomen was not rigid, but free fluid could easily be made out in its abdominal cavity. The child was very pale, almost pulseless. At 7 P. M., after the administration of stimulants, the pulse improved somewhat and was about 145 per minute. An immediate operation was advised to arrest the very severe and active hemorrhage in the abdominal cavity. No consent was obtained until nine o'clock when the boy was almost exsanguinated and was tossing restlessly about in bed. A little after nine in the evening, over three hours after the accident, the child was taken to the operating room. A left mid-rectus incision was made. A number of large clots and much fresh fluid blood began to pour through the incision. A few tampons cleaned the way to reach to the left hypochondrium, where the spleen, which was suspected to be the injured organ was reached. The fingers easily made out the extensive lacerations of the organ. The spleen was brought out towards the wound and the hilum was lightly clamped. But I was soon convinced that any attempt to save the spleen would be to sacrifice the child's life and the spleen was tied off and removed at the pedicle. Before the completion of the operation 500 mills of normal saline solution were administered intravenously, as the circulation began to fail rapidly. The injection improved the pulse, and after a while it was counted 160 per minute. Respiration was rapid. Some of the saline was left in the abdomen and the wound closed. The operation lasted about twenty minutes. That the spleen could not be saved was evident because of the extent of the laceration. The spleen was nearly divided in two large parts with a smaller delta-like mass near the hilum, all held together by little splenic stroma. Any attempt to suture the lacerated parts together would have included the nutrient vessels in the ligatures.

The post-operative course of the case was uneventful. The highest temperature 102.2° was reached at 11.40 P. M., the following day, and the temperature was normal after the fourth day. The pulse varied between 98° and 110°. Respiration during the first two days varied between 60° and 45° per minute, but after the third day was at no time above thirty per minute.

The skin stitches were removed on the ninth

day. There was perfect primary union. The suture line was covered with a strip of gauze across which two strips of adhesive plaster kept together the abdominal wall and the boy was allowed to sit up. He left the hospital May 14, three weeks after injury. I saw the boy again August 18, and he seems and acts as if he were in perfect health.

Query—Can this boy reach manhood and old age deprived of his largest ductless gland?

Large Stone and Hairpin in Bladder.

Dr. J. P. Browne, in the *A. M. A. Jour.*, says that he was consulted by a rather thin, anemic girl, 16 years old, who complained of constipation and gave a history of pain in the bladder and lower abdominal region, especially during micturition and defecation. She stated there might be calculi in her bladder; she had attempted to remove a small stone from the urethra with a hairpin. A sound passed into the bladder struck a stone apparently at the junction of the bladder and the urethra. A cystoscopic examination revealed the presence of a large stone with a foreign body embedded in it. Suprapubic incision was performed and a calculus 4 inches long and 3 inches around several different circumferences removed. The calculus had grown around a hairpin as a nucleus. The hairpin was lying in the bladder in a widely extended obtuse angle, and was covered with the deposit to within about a quarter of an inch of each end. The mass tapered from the center toward each point. The patient had an uneventful recovery. The enormous size of the calculus indicates that the hairpin must have been in the bladder for months, perhaps years.

Chloroform Poisoning—Unusual Case.—Dr. C. E. Hyde of Bridgeport, Conn., reports this case in the *N. Y. Medical Journal*, of a patient who took two ounces of chloroform to make him sleep well and was discovered just in time to save his life:

H. S., male, thirty years of age, a private tutor, was found lying on his right arm, which was tucked under his side, in a deep coma. His breath gave off a marked odor of chloroform. Examination showed all the danger signs of deep anesthesia, with pupils widely dilated, and no reaction to light or accommodation. Respirations were of a deep, gasping character showing respiratory failure. Pulse was very weak, hardly perceptible. His condition demanded immediate stimulation. Strychnine, 1-30 grain, was given hypodermically at once. Gastric lavage, by passing tube through left nostril, obtained large quantity of dark green bile with a marked odor of chloroform. As his heart grew weak on three occasions twenty minims strychnine and adrenalin by hypodermic were given when needed and his body was surrounded by heat. After one-half hour electricity was applied to waken him. The most curious feature was the visible evidence of blebs filled with serum on the trunk and lower extremities. These varied in size, being larger on the feet; both plantar surfaces were in one large bleb. These blebs developed and were seen before water bags were applied, and when patient was first examined. The patient recovered his senses after seven hours. The

musculospinal paralysis of the right arm from pressure gradually recovered after persistent treatment.

Abstracts from Medical Journals.

Labyrinthitis and Mastoiditis.

The more cases of otitis media that are relieved by an early paracentesis the less mastoiditis we see. This holds good also, but still more so, with respect to labyrinthitis. In the course of a mastoiditis we never know from the very beginning to the last day, or even after apparent complete recovery, that a labyrinthitis may not develop at any time.—Franz Pfister, *American Journal of Surgery*.

Goitre; Analysis of 125 Cases.

Dr. Leigh F. Watson, Chicago, in the *N. Y. Med. Jour.*, Sept. 22, reviews the records of 125 goitre patients considering the cause, age at onset, and effect of previous operations in certain cases. He illustrates by tables the degree of enlargement, and reports the results following quinin and urea injection. Forty-five per cent. of the exophthalmic patients first noted the goitre eight years before examination at the average age of 34 years, and the symptoms developed at the age of 40. Fifty per cent. gave a history of acute onset, two years before coming under observation at the average age of 29 years. Sixty per cent. of the non-exophthalmic patients observed that they developed more marked symptoms of intoxication as the goitre became more chronic.

The following are the percentage results given after quinin and urea injections: Effect on symptoms: Exophthalmic, relieved 85 (ave. 4 mos.); improved, 15; not improved, 0. Non-exophthalmic, relieved 84 (ave. 2 mos.); improved, 10; not improved, 6. Effect on the goitre: Exophthalmic, cured, 80 (ave. 5 mos.); reduced, 15; not reduced, 5. Non-exophthalmic, cured, 75 (ave. 4 mos.); reduced, 12; not reduced, 13.

The number of patients cured is highest in the group of those who came for treatment early in the disease, the benefit received by those who came later was in proportion to the degree of damage done the circulatory and nervous systems. A goitre that has once disappeared has never recurred. A majority of the patients in this group have been under observation for two to four years. The quinin and urea injection has limitations the same as any other treatment for goitre and can be employed only in selected cases. The treatment of the exophthalmic type in young adults is very difficult, and should be attempted only under the most favorable circumstances. If the best results are to be secured, hyperthyroidal patients must have at least a year of mental and physical rest after treatment.

Chronic Hyperacidity and Heartburn.

Dr. Louis Fischbein, in the *Boston, Mass., Med. and Surg. Jour.*, gives the following as the conclusions of a paper on Chronic Hyperacidity Heartburn and Sour Regurgitation:

Hyperacidity and heartburn are separate gastric disorders, and both are forms of nervous dyspepsia.

Nervous dyspepsia is either a symptom or part and parcel of a general neurosis.

Hypersecretion is not invariably associated with hyperacidity, as it occurs at times in hypacidity.

Constipation is either a secondary or a co-ordinate symptom of a general or local disorder, and not its cause.

The nervous symptoms in habitual constipation are psychogenetic, and not the result of an auto-intoxication.

No chronic functional disorder of the stomach exists independently. Any such disorder, when not a part of a general neurosis, is due to some organic affection anywhere within the body.

The anomalies of motility, when functional, are clinically of little importance, and do not require any treatment apart from the treatment of the condition with which they are associated.

Hyperacidity is treated by a carefully selected mixed diet (with the exclusion of meat) and by alkalis.

The treatment of heartburn is empirical.

Diagnosis of Cancer of the Liver.

Dr. A. Ferrannini, in *Riforma Medica*, Naples, says that when it is difficult to decide whether the liver trouble is malignant or merely echinococcus disease, the age over 50 speaks in favor of cancer; also the sudden onset of intense pain in the liver region, the enlargement of the liver and discovery of hard bunches in it. Also the absence of eosinophilia and of leukocytosis in general, the reduction of nitrogen and increase in urobilin in the urine, the coexistence of stomach trouble, similar to what is observed with gastric cancer, although in fact the stomach may be entirely free from involvement in the malignant disease. The cancer is more liable to be a sarcoma than a carcinoma if there are no extra-abdominal metastases, no ascites and no jaundice.

Avoiding Shock and Trauma in the Treatment of Eclampsia.

Dr. E. B. Cragin of New York, reported at the annual meeting of the Amer. Gynecological Society, that in the first series of 20,000 deliveries at the Sloane Hospital, New York, with 251 cases of eclampsia, the maternal mortality was seventy-one, or 28.28 per cent. The fetal mortality was 151, or 16.15 per cent. In the last series of 15,774 deliveries, with 138 cases of eclampsia, the maternal mortality was twenty, or 14.49 per cent. The fetal mortality, including stillbirths and those dying before the mother left the hospital, was sixty-two, or 44.92 per cent. The reduction in mortality has been brought about by avoiding shock and trauma; by avoiding chloroform; by preparing the cervix before delivery; by avoiding accouchement force, and by treating the toxemia while preparing the cervix.

Trauma of the Spleen.

Dr. J. J. Moorhead, in his recently issued volume on Traumatic Surgery, says:

Spleen injuries ordinarily bleed very promptly and excessively, especially if the hilum is involved. This is notably true if the organ has previously been enlarged, as by malaria, anemia

or from splenomegaly of any variety. Contusions cannot be diagnosed in the absence of actual inspection, and then more or less laceration is generally found. Run-over accidents are very common causes of this injury, and it has been said that wheels passing from right to left over the upper abdomen more commonly damage the liver, the spleen being more likely to suffer when the wheels pass from left to right. Perforations from bullets and stabs are usually sources of enough damage to call for splenectomy, inasmuch as it is exceedingly difficult to suture the injured organ; occasionally gauze packing checks the bleeding. These patients survive the removal of the organ splendidly, and apparently no permanent ill effects follow, as other hemogenous organs vicariously carry on splenic functions.

Care of the Eyes in the Aged.—Dr. Hewlis, in Medical Review of Reviews, arrives at the following conclusions regarding the care of the eyes in the aged.

1. Correction of refractive errors in the aged gives great comfort to them and improves their mental condition;
2. strong lenses should be tried for 15 or 20 minutes before prescribed in order to get the full effect of the lenses;
3. by properly fitting glasses many a pleasant moment is spent in reading and is contrasted to a previous life of lonesomeness and solitude;
4. reading a paper or good book takes their mind from themselves;
5. certain arteriosclerotic changes are normal in the senile eyes;
6. loss of reflexes, irregular pupils, contracted or dilated pupils not always significant;
7. arcus senilis not evidence of old age or fatty degeneration.

Chronic Catarrhal Deafness.—Chronic catarrhal deafness, so often found in the aged, demands strict attention to the patient's habits: alcohol, tobacco, rich or sweet food should be used in moderation. Proper physical exercise and life in the open is desirable. Any nasal obstruction should be freed, adenoids removed. The use of Politzer's air bag and the vaporization every day, or every other day, of iodine, eucalyptus, tincture of benzoin, or pine-needle oil, prevent the further increase of deafness. The hard rubber catheter may be employed in making a free passage for the dry vapors. With a few drops of spirit of chloroform on the sponge of the attachment the ears can be inflated satisfactorily. The drum membrane may be massaged by the introduction of the free end of Bacon's attachment, or, drawn inward and outward by rapid pressure and suction, with the hand on the external auditory canal. In addition, good results may be obtained by applying daily for about five minutes the electric lamp to one or both ears. By any general treatment which ameliorates underlying rheumatic or gouty conditions, the use of an ear trumpet may be avoided and the dread of complete deafness removed.—Dr. Beverley Robinson.—Med. Rec.

What Is Arthritism?—Dr. Fernet, in La Presse Medicale, states that arthritism is a dystrophic diathesis caused by overalimentation and insufficiency of physical exercise; it is the disease of big eaters and idle men.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The annual business meeting was held January 11 at the Hotel Chalfonte.

The following officers were elected: President, W. J. Carrington; vice-president, Talbot Reed; secretary and treasurer, Worth Clark; reporter, Clara K. Bartlett; board of censors, Walt P. Conaway; delegates to State Society, C. Coulter Charlton, H. L. Harley, Theo. H. Boysen and Samuel Barbash; alternates, H. Munro, D. W. Scanlan, Clyde M. Fish and E. H. Harvey.

After the adjournment of the business meeting the doctors enjoyed a beautifully served luncheon.

On January 16th, the society gave a dance and card party at the Hotel Chelsea. In addition to fostering a spirit of camaraderie amongst the members, the sum of two hundred dollars was raised for the Atlantic City Hospital and war relief purposes.

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

The Eighty-eighth annual meeting of the Burlington County Medical Society was held Wednesday, January 9th, 1918, at 12.30 P. M., at the Arcade Hotel, Mount Holly, N. J., thirty members being present.

The report of the last meeting was read and approved and the election of officers took place, with the following result: President, Marcus W. Newcomb, Browns Mills; vice-president, Stuart Maul, Riverside; secretary and treasurer, George T. Tracy, Beverly; censor, E. D. Prickitt, Mount Holly; reporter, H. Eugenia Whitehead, Mount Holly.

Chairmen: Medical Section, Frank G. Stroud; Surgical Section, R. J. Downes; Diseases of Women and Children, J. Ridgeway Haines.

Delegates: State Society, George Jennings, R. C. Barrington. County Societies: Camden County, H. W. Bauer; Gloucester County, Joseph Stokes; Salem County, J. B. Cassidy.

We were fortunate in securing for this meeting Captain W. P. Furness and Lieutenant Walter E. Lee of the United States Army, who instructed us by means of a moving picture demonstration as to the treatment of infections and infected wounds, with special reference to the use of chlorine preparations.

Dr. John J. Flynn, one of Mount Holly's best-known citizens, and for many years an active member of the Burlington County Medical Society, died on December 31st, 1917, at his home in Mount Holly, N. J. His health had been failing for some time, due to an injury to his spine and side, from which he had suffered for many years.

Dr. Flynn was born in Mount Holly, N. J., and was well and favorably known in many walks of life. He graduated in pharmacy in 1886 and from the Medical School of the University of Pennsylvania in 1894. He has been on the medical staff of the Burlington County Hospital for a period of twenty-three years; his counsel and services were always cheerfully given and he was among the staunchest supporters and warmest friends of the hospital.

Dr. Flynn practiced medicine in his native

town, in connection with his pharmacy, for several years. He was a member of the New Jersey State Society, as well as other medical associations, and always in attendance when possible. He was a member of the Pharmaceutical Association also.

Dr. Flynn was a past exalted ruler of the Mount Holly Order of Elks, and a member of many other organizations. He was a consistent member of the Sacred Heart Church, from which his funeral took place, on January 3rd, 1918. Solemn mass was said and Rev. P. J. Hart of Plainfield was the celebrant; Rev. J. W. Hendricks of Moorestown, deacon; Rev. Henry Russi of Burlington, sub-deacon; Rev. Joseph J. Sweeney of Bordentown, master of ceremonies. The sermon was preached by the church rector, Rev. P. J. Kelly.

As a member of the Burlington County Medical Society Dr. Flynn took a deep interest in its welfare. We shall miss his presence, his kindly and courteous greetings hereafter. We feel that by his death, not only this society, but the profession and general public have suffered a great loss.

CUMBERLAND COUNTY.

The Cumberland Medical Society held their winter session at the New Millville Hospital nurses' home on January 10. Previous to the meeting the physicians inspected the hospital and the home which is all ready for occupancy by the hospital workers. They found both hospital and home above criticism and the comments of commendation were many.

The meeting was called to order by President Dr. Louis J. Kauffmann.

Two new members were admitted to membership in the society. They are Dr. Helen Weithaase of Vineland and Dr. Charles Sharp of Port Norris.

A very interesting paper was read by Dr. Arthur Watson of Philadelphia upon "Asthma Due to Diseases of the Nasal Passages." Upon the conclusion of the reading, there was an interesting discussion upon the information divulged.

Because of the dissatisfaction and failure of results over the previous action of the society which placed a resolution on the minutes providing that the physicians who remain at home shall administer to the patients of those doctors who have entered the United States military service and that one-half of the fees should be given the family of the enlisted man, the action was rescinded and another resolution passed. The new one provides that in the future two-fifths of the fees received from patients of doctors now in the service shall be turned over to the family of the enlisted physician, provided that the patient states that he was a patient of the doctor who has gone to war. It is thought by the members that greater satisfaction will be gained from this resolution.

The April meeting of the society will be held at the Home for Feeble-Minded Women in Vineland.

ESSEX COUNTY.

Richard J. Brown, M. D., Reporter.

The regular scientific meeting of the Essex County Medical Society was held at the Y. M. C. A. parlors January 9th, 1918. Dr. Dochez

of the Rockefeller Institute gave the paper of the evening on "Some Recent Studies in Lobar Pneumonia," illustrated by charts and backed up by the evidence of plenty of statistics. He showed that the incidence of the disease has increased, and that active immunity cannot be established. Taking one hundred typical cases, 30 are due to pneumonia of Type 1, of which number 10 die, making a mortality rate of 33%; 30 are due to pneumonia of Type 2, of which 10 die, making a mortality rate of 33%, and 15 are due to Type 3, of which 7 die, making a mortality rate of 47%, and 25 are due to pneumonia of Type 4, of which 3 die, making a mortality of 12%. This shows that 60% of the cases are due to pneumonia of Type 1 and Type 2, and these two types give the most satisfactory results with a specific serum of that type.

GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The annual meeting of the Gloucester County Medical Society was held at Hotel Paul, Woodbury, on January 17.

Major Chas. A. E. Codman gave an inspiring address on "The Medical Department of the Army," in which he urged a more general enlistment in the Medical Corps.

The following officers were elected: President, Dr. James Hunter; secretary and treasurer, Dr. George E. Reading; reporter, Dr. H. A. Wilson.

A committee was appointed to arrange for the celebration of the one hundredth anniversary of the society, which will occur in September, 1918.

HUDSON COUNTY.

Howard S. Forman, M. D., Reporter.

The fourth meeting of the society of the season was held Wednesday evening, January 2, 1918, at the New Carteret Club, Hudson Boulevard and Duncan avenue, Jersey City.

Meeting was called to order at 9.30 by the president, Dr. W. Homer Axford.

Miscellaneous business: Motion that the annual dinner be dispensed with this season. Carried. Motion members of society now in service of country be exempt from dues. Carried. Bills and communications. Bills for printing ordered paid.

Proposals of new members: Dr. G. Conde Lawsing, 442 22nd street, West New York; Dr. Andrew C. Ruoff, 548 Clinton avenue, West Hoboken. These proposals were referred to the censors for their consideration.

Clinical cases: Dr. Chambers reported the case of a child with cataract, told father would like to take out eye; suspected cataract was only secondary; removed eye, found melanotic sarcoma; six weeks later child had pain and vomited; sarcoma returned in the other eye.

The paper of the evening was on "Pneumonia," by Dr. John E. Welch, New York. The paper brought out considerable discussion.

MERCER COUNTY.

H. D. Williams, M. D., Reporter.

The regular monthly meeting of the Mercer County Component Medical Society was held at the City Hall, Trenton, January 8, 1918.

Dr. P. S. Pelouze of Philadelphia, read a

very interesting and instructive paper, entitled "Modern Methods of Urological Diagnosis with Which the General Practitioner Should be Familiar." Dr. Pelouze deplored the fact that an accurate diagnosis was attempted in so few cases, he stated most emphatically the importance of making smears and examining the prostatic and urethral discharges microscopically; he cited several cases of years' duration which were cured in a few weeks by simple treatment, when the exact nature of the inflammation was learned.

The discussion was opened by Dr. Olmstead and was continued by Drs. Hawke, Freeman and Atkinson.

Dr. J. A. Connelly was elected a member of the society and Dr. Frank Harris and Dr. Houghton Smith were reinstated.

SOMERSET COUNTY.

J. Hervey Buchanan, M. D., Reporter.

The regular stated meeting of the Somerset County Society was held at the Ten Eyck House, December 13, 1917. Owing to the inclement weather the attendance was small. There was little business to transact and the period of meeting was given over to the presentation of an excellent paper by Dr. Edward Lindeman, of New York City, on "Blood Diseases and Their Treatment by Transfusion." Dr. Lindeman described his method in detail and a general discussion followed.

UNION COUNTY.

Russell A. Shirrefs, M. D., Reporter.

The regular meeting of the Union County Medical Society was held at the Elks' Club, in Elizabeth, on the evening of January 10th. The wintry weather was responsible for a somewhat smaller attendance than usual; but what the gathering lacked in size, it more than made up in interest and appreciation of the good talk that was given by Dr. C. R. O'Crowley, who discoursed upon genito-urinary diseases in general, and specific urethritis in particular. The doctor also exhibited many pathological specimens, and a great variety of interesting instruments. At the conclusion of his remarks, a rising vote of thanks was extended him.

This society suffered a severe loss in the death of Dr. Theodore F. Livengood, who passed away on January 11th, after a short illness from pneumonia. A more extended obituary notice will be found on another page. At a special meeting of this society the following resolutions reported by Drs. E. B. Grier, J. S. Green, N. L. Wilson, committee, were adopted:

Whereas, in the death of Dr. Theodore F. Livengood, one of its oldest and most respected members, this society has met with a severe loss—to his bereaved family we offer our sincere sympathy. Therefore, be it

Resolved, that a copy of this resolution be spread upon the minutes, printed in the daily papers and sent to the bereaved family. It is further resolved, that this society attend in a body the funeral of our late brother.

Tri-County Medical Society of South Jersey.

At the annual meeting of this society, which includes Cumberland, Salem and Gloucester counties, held at Millville, October 30, the following officers were elected: President, Dr. Harry A. Stout; vice-presidents, Drs. J. N.

Husted and John H. Moore; secretary-treasurer, Dr. George E. Reading.—A. M. A. Jour.

Local Medical Societies.

Bayonne Medical Society.

Louis Lipshitz, M. D., Reporter.

A meeting of the Bayonne Medical Society was held on Tuesday evening, Jan. 22, 1918, at the Elks' Club House.

The essay of the evening was given by Dr. S. R. Woodruff on "Urogenital Tuberculosis," a synopsis of which follows:

Urogenital Tuberculosis—This subject may conveniently be divided into two parts; namely, tuberculosis of the genital organs and tuberculosis of the urinary organs. Genital tuberculosis very seldom infects the urinary organs, whereas urinary tuberculosis does infect the genital organs.

Genital tuberculosis in the male begins in the globus minor of the epididymis, then it spreads to the globus major till the whole epididymis is involved. Then it either involves the testicle or goes up along the cord to the seminal vesicles and prostate by means of the lymphatics. The vas usually escapes infection.

This disease has a very high death rate because it is practically inoperable. It is secondary to the disease elsewhere, and is spread by the blood stream.

The most prominent symptoms are pain and swelling. Can be differentiated from gonorrhea by the former not being so severe and more often abscess formation. There is usually a half ring around the testicle and lower end of vas is beaded.

On post-mortem examination one finds active tuberculosis in the body, and associated lesions in prostate and seminal vesicles; often also in kidney and bladder. The treatment consists in the destruction of the focus by operation.

In tuberculosis of the urinary organs the lesion starts in the kidney and goes downward to the other organs. It may be subdivided into two types—miliary and caseo-cavernous. The miliary is bilateral and usually occurs in children. The caseo-cavernous or surgical type occurs in adults between 25 to 40 years of age. It is unilateral in 50 per cent. of cases in adults.

On pathological examination one finds that it starts in the glomeruli where the flow is stagnant in the medulla and apex of the pyramids and sets up the tubercle which may go on to caseation and abscess formation. May also go to pelves and from large abscesses and cysts.

The course is usually chronic—from 1 to 5 years. There is always a tumor mass which is palpable. The pain may be anywhere from a dull ache to the most severe colicky pain, and often is referred to the bladder. The bladder symptoms are frequent urination, especially nocturnal. May have dysuria, polyuria or hematuria. The characteristic is the "dish water urine."

The diagnosis is made on history, cystoscopic examination, catheterization of ureters and isolating T. B. from urine.

The prognosis depends on the treatment. If removed before the other is involved. Treatment is entirely surgical.

The paper was fully discussed by all members present.

The following interesting cases were reported: Dr. Woodruff (1), Case of diverticulum of bladder that looked like an hour-glass and contained 1800c.c. of pussy urine. (2), Case of hydroureter that was previously mistaken for appendicitis.

Dr. Klein: Case of sacculated pleurisy.

Dr. Chase: Case of hydroureter that was mistaken for appendicitis.

Dr. Swiney: (1) Child with greenstick fracture of radius that died from metastatic streptococcus infection. (2) A woman on fifth day after labor had diarrhea and temperature of 104 degrees. No other symptoms. Went home feeling fine. (3) Case probably ruptured ectopic. Had mass in abdomen, then developed temperature of 104 degrees, then there was bulging in cul-de-sac. (4) Nine cases of paralysis of arm after birth, all of which cleared up.

Dr. Shapiro: One case of paralysis of arm after birth, which did not clear up.

Dr. Knox: Appendicitis with abscess in caecum.

Dr. Thum: Case of tuberculous osteitis of frontal bone.

Summit Medical Society.

William J. Lamson, M. D. Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, January 25, 1918, at 8.30 P. M., Dr. Reiter entertaining and Dr. Krauss in the chair.

Present: Drs. Baker, Bebout, Bowles, Jaquith, Kay, Keeney, Krauss, Lamson, Moister, Pollard, Prout, Reiter, Rockwell, Smalley, Tweddell and Wolfe; and the following guests: Dr. Tator of Summit, Dr. Flagge of Rockaway, Dr. Costello of Dover, and Dr. Daly of New York.

The paper of the evening was read by Dr. Frank S. Meara of New York, on "Blood Pressure." Dr. Meara called particular attention to a very large group of cases formerly considered as Bright's disease, but now recognized as being cases of primary or essential hypertension, or hyperplesia. These occur pre-eminently in husky, florid, well-fed persons, of all ages, and the blood pressure runs higher than in Bright's. The cause is some as yet unknown toxin. The heart becomes hypertrophied, sometimes enormously so, and arterio-sclerosis ultimately develops, death resulting from apoplexy or heart failure. It is important to remember that this condition is compatible with a much greater term of life than a Bright's would be.

The blood shows an increase in total solids and proteids, but no reduction in freezing point. The kidneys show arterio-sclerotic changes, but no true inflammatory changes such as occur in Bright's, the functioning tests being comparatively normal. The eyegrounds also show arterio-sclerotic changes, but not the findings of a Bright's. Angina pectoris, paroxysmal tachycardia and dyspnoea are common symptoms. So, also, are hemiplegia, or other cerebral accidents, such as coma or convulsions, which, it is to be remembered, are not uraemic.

Treatment: First reassure the patient that he has not got Bright's Disease. Keep him on a low proteid diet, free from salt. Rest in bed will do more to lower blood-pressure than anything else, and if cases are seen early they may be cured in this way. Drugs are no good for reducing blood pressure permanently. Do not try to drive it below the point where the patient feels well. Digitalis and occasional venesection are valuable at times.

A vote of thanks was given to Dr. Meara for his extremely interesting and valuable paper.

Physicians' Motor Club, Camden.

Congressman E. T. Taylor of Colorado, in addressing the Camden Physicians' Motor Club last month, said: "Both British and French authorities admit that the American surgeon is the ablest in the world. The American Military Hospital No. 1, in Paris, is the finest of all in Europe." Officers for the ensuing year were elected as follows: President, Dr. Lee Griscom; vice-president, Dr. Thos. E. Hughes; treasurer, Dr. Thomas B. Lee; secretary, Dr. W. Kempton Browning; directors, Dr. J. Lynn Mahaffey and Dr. William A. Pratt.

State Organization for Public Health Nursing.

The New Jersey State Organization met in the Free Public Library, Jersey City, January 26. The organizations co-operating were the Board of Health, Board of Education, Hudson County Nurses' Club. Reports were presented at the morning session. In the afternoon session Dr. G. K. Dickinson gave an address of welcome.

Addresses were delivered by Mrs. L. S. Thompson on "County Public Health Nursing Needs," Dr. H. H. Brinkerhoff, Jersey City, on "Medical Inspection and Nursing in Public Schools," and Dr. J. J. Craven, Jersey City, on "Medical Inspection and School Nursing in Parochial and Other Private Schools." Dr. M. W. O'Gorman, Jersey City, led a discussion on infant welfare work.

American Protologic Society.

At the last annual meeting of this society held in New York City, Dr. W. M. Beach, of Pittsburg, Pa., summed up a paper on the Relation of Hemorrhoidal Disease to the Health Balance as follows:

1. The deleterious effect upon the patient's mind by increasing his irritability and making him anxious and morose;
2. The many reflexes coincident with ulcerated large or small type of hemorrhoids;
3. The influence upon the so-called vegetative functions of the body and intimate associations with diseases of the heart, lungs, liver and kidneys;
4. The refractory or retroactive relationship in most cases of constipation;
5. The tendency of neglected cases toward infections and cancer.

Dr. C. F. Collier, of Philadelphia, reported a case of toxic symptoms appearing in a patient from an injection of 3 m. of a 10 per cent. solution of quinine and urea hydrochloride. The symptoms complained of by the patient were swelling of the hands and feet, and numbness of the extremities. For a few hours.

there was some difficulty in respiration, associated with a tendency to fainting and some nervous perturbation. Later there developed an urticarial rash, covering the entire body, associated with intense itching. The attack subsided in about two days, leaving the patient with no alarming symptoms. The patient has had two previous experiences, and certainly should have informed her physician of her susceptibility. The case is cited simply to note one of the complications which may occur when using this drug.

Dr. James A. McVeigh, Detroit, Mich., read a paper on Neglected Rectal Examinations. He said—Rectal examinations are not difficult and should be ocular, digital and instrumental. The physician should never accept the patient's diagnosis. This is not infrequently done and such an unscientific procedure is usually productive of unsatisfactory result. Indifference and carelessness on the part of members of the medical profession in conducting rectal examinations is being rapidly lessened, owing largely to the influence of the American Proctologic Society. The remedy lies in persistently reminding the men engaged in general practice of the necessity of making thorough rectal examinations whenever indicated, and the men who are following this special line of work are the ones who must be most active in conducting this campaign of education.

Other papers read were on The Place of the Proctologist in a Diagnostic Group, by Dr. A. J. Zobel, of San Francisco; The Principals Underlying the Clamp and Operation for Internal Hemorrhoids, by Dr. W. O. Hermance, of Philadelphia; Adult Rectal Prolapse, by Dr. R. W. Jackson, Fall River; Original Research Work on Pruritus Ani, by Dr. D. H. Murray, Syracuse, N. Y.; Pellagra, the Pelagrous Intestine and Peri-colic Veils, by Dr. J. L. Jelks, Memphis, Tenn.; and Neo-Proctology, by Dr. J. M. Lynch, New York City; The Non-Surgical Treatment of Splanchnoptosis, by Dr. Camden, Parkersburg, W. Va.

Officers elected for the ensuing year: President, Dr. J. M. Lynch, N. Y. City; vice-president, Dr. E. H. Terrell, Richmond, Va.; secretary-treasurer, Dr. C. F. Martin, Philadelphia, Pa.

American Roentgologists Association.

The mid-winter meeting of this association was held at the Traymore Hotel, Atlantic City, January 4 and 5, 1918, and was well attended. Fully thirty per cent of those in attendance were in service uniform. Among the subjects discussed was the wonders accomplished in base hospitals abroad through the use of X-rays.

Major Arthur Christie of Washington told that hundreds of the leading X-ray specialists of the country have already placed themselves at the disposal of the government, and that many are now abroad working day and night in the hospitals at the front.

"This," Major Christie said, "is the time to get in. Don't wait. No man who offers himself will be called before he is needed. Then he will be given X-ray work as far as possible. You will need every bit of your technique. Mechanicians will be required also, but the really effective X-ray man will go to the front with a thorough knowledge of his machine."

Miscellaneous Items.

A Clinic for Drug Addicts.

Mayor Gillen of Newark appointed some weeks ago a committee—Drs. C. A. Rosenwasser, H. J. F. Wallhauser and Rev. Dr. Diefendorff—to inquire into the subject of habit-forming drugs and recommended some methods of eliminating the evil. The committee has recommended that there be established in the Newark City Dispensary a clinic for the study and treatment of narcotic addicts and that a comprehensive study be made to guide the committee in its future deliberations. Mayor Gillen has since expressed his approval of the recommendations.

Columbia University Plans Diagnostic Clinic.

—The trustees of Columbia University announce that plans are being perfected for the establishment of a large diagnostic clinic for the people who do not wish to accept charity and who are unable to pay for the services of a number of experts whose special advice or examinations may be needed in order to make a diagnosis. The plans propose that this clinic shall act as a distributing center for a number of hospitals. The financial arrangement provides that every clinical worker will be paid for his work and every patient charged a proper fee commensurate with his income. In his announcement, Dr. Samuel W. Lambert states that some opposition from the rank and file of the profession is expected; the aim of the clinic, however, will be to return the patient to the family physician for treatment after the diagnosis has been made. Columbia University also contemplates adding a fifth year to the medical curriculum, during which all candidates for licensure will work in a hospital under college discipline, and that additional provision is to be made for post-graduate and research work.

Clinic for the Treatment of Syphilis or Specific Blood Disorders.

In compliance with a resolution adopted recently by the Morris County Medical Society that, "if possible, at least three hospitals in the county establish a clinic for the treatment of syphilis or specific blood disorders," the Board of Managers of the New Jersey State Hospital at Morris Plains at its recent annual meeting authorized the establishment of such a clinic at this hospital. Through the liberality of high grade drug concerns, the necessary drugs are to be provided without expense to the hospital or State. Prior to this there has been no way by which those unable to pay could receive such necessary treatment; an innovation of a public, charitable character.

Law Against Birth Control Propaganda Upheld.

The Court of Appeals to which Mrs. Margaret Sangster, who was convicted in the lower courts of violating the section of the penal law prohibiting the dissemination of birth control information or paraphernalia, carried her case has handed down a decision declaring the law constitutional and that it must, therefore, be upheld by the courts.

Continued on page 61.

THE JOURNAL

OF THE

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FEBRUARY, 1918**PUBLICATION COMMITTEE:**

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

To Our Members.

HAVE YOU PAID YOUR 1918 DUES? IF NOT, PLEASE DO SO TO-DAY, IN ORDER TO RECEIVE THE JOURNAL AND BE ENTITLED TO MEDICAL DEFENSE.

To County Society Treasurers.

HAVE YOU FORWARDED THE DUES OF MEMBERS WHO HAVE PAID? IF NOT, PLEASE DO SO TO-DAY, IN ORDER THAT THEY MAY SECURE THE JOURNAL AND NOT BE RECKONED AS DELINQUENT.

BOARD OF TRUSTEES.

The Board of Trustees of the Medical Society of New Jersey held a meeting last month in the office of its chairman, Dr. E. J. Ill. The time and place of the 152nd annual meeting was, after discussion, referred to Drs. Harvey and English, with power, but it will probably be held on the last Tuesday and Wednesday in June. A message was ordered to be sent to President Schaffler, now in charge of Camp Beauregard, La., expressing earnest desire that he shall attend the annual meeting and that in the event of his inability to do so, he will prepare and send the annual address. Encouraging report was received concerning the scientific program—Orations, Papers, etc. Reports concerning the management of the Journal showed that the past year was one of very decided pecuniary gain over preceeding years and, while it has not been customary to take such formal action,

the Board expressed highest appreciation of the faithfulness and efficiency of the Chairman of the Publication Committee—Dr. Strasser.

MOBILIZING THE PROFESSION FOR WAR.

Until the entire medical profession of the United States, or at least those who are mentally and physically fit and within the age limit, are mobilized within the Medical Reserve Corps of the United States Army, not until then can we give to the Surgeon General that efficiency which he so badly needs in having a large body of medical officers upon whom to draw.

You may never be called, at the same time your joining the Medical Reserve Corps and placing your services at the command of your country, clearly indicates the patriotism which the medical profession, as a whole, should evince and which we must manifest if we are to win the war.

Every doctor must realize that success depends upon a carefully selected and thoroughly trained body of medical officers. By careful selection, we mean the placing of a medical officer in a position where he is best fitted for the service, and only by having an immense corps or the entire profession mobilized upon a war basis, can we serve our country to the best possible advantage.

This mobilization of the entire profession should come from within the body itself, but every physician coming within the requirements of the service, as to age and physical fitness, should seriously consider this suggestion and not wait for complete mobilization but apply at once for a commission in the Medical Reserve Corps of the United States Army. It is not only for the combatant forces that medical officers are required but for sanitation, hospital camps, cantonments and in other departments where the health and life of the forces are dependent upon the medical officer.

We have within the profession a sufficient number of doctors to fully meet the requirements of the Surgeon General's office whatever they might be, but to be of service, you must join the Medical Reserve Corps to enable you to meet the appeal which is now being made for a large and efficient Medical Reserve Corps upon which the Surgeon General may draw as requirements demand.

AFTER THE WAR IS OVER.

One eminent physician, who is over age, facetiously remarked that "after the war

the fellows who went will do all the talking, while those who stayed at home will not have anything to talk about." There is no question that the men who serve in the army will be drawn together by strong ties, that they will be looked up to and revered as patriots, and that through the veterans and other organizations they will form a select class which will be envied by those not so fortunate. —The Southern Medical Journal.

NEW "NURSES' LAW" IN THE STATE OF NEW JERSEY.

The enthusiast is a powerful stimulus in social work. There is always some one who sees sanely and at long distance, who can solve propositions, get behind ideals, and push them to the front. These same people for a while are counted nuisances, but, if their ideas be founded on correct premises and public need, the time shortly comes when there is general approbation and harmonious action.

Enthusiasm unlocks the cerebral cells, stimulates idealation and increases mental product, but, as time elapses we are very prone to have a pathologic state through exuberance. This is seen in the training for nurses. Years ago training schools were instituted in almost every hospital as a convenience and a cheaper way of obtaining that type of help for the patient and attending staff, than the older way of hiring, and much better than the still older fashion of the Sara Gamp domestic type.

America was very quick to respond to the call of Florence Nightingale, but, unfortunately, many hospitals commercialized their training schools. To-day we are standardizing hospitals through developing them as educational centers for the interne and as diagnostic centers to benefit the patient. It seems as if the time had come when we should "weed our garden" even more thoroughly, and if there is anything amiss in the training schools for nurses it should be brought to the attention of the public.

For some time back, even before the war began, fewer young women presented themselves to the training schools. There was a dearth in many a hospital of the much-needed ward nurse, or the nurse in training. The medical profession then began to realize that this important branch was getting away from them, that it was being taken over by the nurses themselves, and that the best interests of the sick man and the attending physicians were not being studied.

Accordingly, the Committee on Hospital

Standardization of the State Medical Society decided to introduce at the coming Legislature a new bill, drawn up on lines of equity and modern demands and needs of the sick, not of institutions. It seems to us that this bill has good reasons for existence, for the nurse is, to speak graphically, the doctor's clerk, she is the sick man's friend, so why should not the physician who selects the nurse and works in co-operation with her at the bedside have something to say about how she should be educated and to what extent?

The new law can be compared to the old one. After going through the preliminaries of enactment, in the section outlining the personnel of the Board of Examination for Graduate Nurses, it places *three physicians on the Board*, making it three physicians and two nurses. We would not object to having two physicians and three nurses, but we do feel that our mutual relations should have this acceded.

Then, as to the point of *one year in high school*. This is prohibitive legislation. This puts the law on the young woman who has aspirations. It is the experience of every physician, in fact of every hospital superintendent, if he would but tell the whole story, that many a clever, intelligent girl of great promise has applied for admission to a training school only to be turned down because she has not had the required one year of high school. Whereas, education is of great value, we do not see how it should be of prohibitive value. Let the law be placed on the hospital so that the hospital will be compelled to conduct a true, honest, vigorous training school. And is it not a fact that if we had better training, more intensive work in the wards, with the feeling that the hospital had to make good, it would more than balance what the person acquires in the one year of high school without especial thought of her future life.

Again, almost every physician of our acquaintance who is connected with hospitals feels that three years in training is too long and that it in itself is also prohibitive to the young woman who is to have a calling and support some one at home. Any standardized training school in a standardized hospital, with a superintendent of nurses who is conscientious and capable, can teach a clever girl all she needs to know in a two years' course. The feeling is that the extra year has been added in order that the hospital might get work gratis out of the nurse, certainly not an honorable proceeding.

Further, in the new law, there is an *edu-*

cational director, a graduate nurse who shall be on salary, and shall visit the training schools of the State, keep in touch with their work, stimulate them to proper activity, and report to the Board of Examination.

This law has been drafted largely from that of Pennsylvania. There are good nurses in that State. No one could criticize them. The chaotic condition of nursing standards throughout the States has been brought to confusion worse confounded by the New York State law. There is reason to believe that this has proven so undemocratic that the time is not far off when there will be a demand for alteration.

The old law is selfish. The new law is sensibly altruistic.

G. K. D.

OUR ADVERTISING.

We take the following from the January issue of the Journal of the Iowa State Medical Society. It applies with equal force to our own Society's Journal. We have changed only the words Iowa State Medical Society to Medical Society of New Jersey:

The Advertising income for 1917 exceeded that of any former year. Let us make 1918 even better. Can it be done? Yes, but only with your consent—your support. We are relying upon you to aid us in keeping this advertising.

Now, doctor, be honest. did you ever consider how much the advertisers contribute towards the making of your Journal? Will you kindly reciprocate by giving them your patronage? There is not a member of the Medical Society of New Jersey receiving this Journal but who, many times during the year, orders pharmaceuticals, instruments, medical books, recommends milk foods and other foods, or sends patients to sanatoria and hospitals. At such times, do you first consider the firms whose acquaintanceship you have made through the Journal? We can vouch for all of them. If we could not vouch for them, they would not be permitted to come within our advertising circle.

We inform our advertisers that this Journal is the official publication of the Medical Society of New Jersey, known and read by all members—advertising pages as well as scientific, editorial and news pages. Are you helping to verify all of these assertions?

Do not wait for the traveling representative to call upon you. He may be "doing his bit" in the training camp or trenches.

Do not wait for the literature which you

have so often consigned to the waste basket. Postage rates have increased 50 per cent.; these are days of "conservation of waste."

THE JOURNAL hopes to greet you regularly as heretofore, so please "do your bit" to make it even a greater Journal—ORDER WHEN IN NEED, and do not forget to state "I SAW YOUR ADVERTISEMENT IN THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY." It will help three—the ADVERTISER, THE JOURNAL and YOURSELF.

FRAUDULENT ADVERTISING.

We were pleased to find the following in an editorial in the *New York Tribune* recently:

"The day of fraudulent advertising, unfair trading, public-be-damned methods, is almost done. In the day that is coming it will be just as keen an offence to tell a lie in an advertisement printed in a daily paper as it is today to tell it in an open court, and the merchant who attempts to advance his personal interest at the expense of the good name of a great American industry may, let us hope, be legally frowned upon."

But if the merchant is to be condemned who seeks to advance his personal interests at the expense of a great industry, what shall be said of the nostrum advertiser who enriches himself at the expense of the health and lives of his fellow men, and what shall be said of the newspaper owners and managers who accept his lying advertisements for financial gain. The *Tribune* in another editorial answers that question as follows:

"The fake medicine business represents profits—fat profits—for many concerns, directly. It represents also deception and fraud, swindles and deliberate, calculated obtaining of money under false pretenses, as the *Tribune* has shown. It exploits sickness and suffering for the sake of gain and leaves the victims in worse case physically and financially than when they began experiments with the 'cures.' There should be no tenderness for those who make money in such devious, dangerous ways. Half-way measures should not be considered."

We are glad that the managers and editors of many of the leading, respectable newspapers throughout the country are considering the enormity of this evil and are refusing to longer countenance and uphold it; as examples we give the following editorial clippings that are worth recording.

The Chicago Daily Tribune says:

"The quack doctors named in the *Tribune*, and a host of unnamed others, are a disgrace to the medical profession and a menace to the city. They prey upon a class of people that can least afford to be preyed on. It is from among the hardworking men in the lowest status of our society that they gather their

victims. It is the wages that were earned not only in the sweat of the brow but in blood, in the ever-present danger of injury or death through the hazards of the trade, that flows into the coffers of these charlatans. * * * But they do not content themselves merely with the victims which their lurid posters pick up from among the ignorant fellows in the street. They invade the homes of the miserably poor with advertisements and doctor books printed in all languages, and poison the atmosphere of these homes. The State should find a way of stopping the distribution of their filthy circulars. They are as obscure as they are vicious. And the public should see to it that the portion of the press which accepts the advertisements of these quacks ceases to outrage the eye and feeling of the reader."

The Labor World says:

"Whenever the patent medicine quack is attacked we hear the old familiar cry of 'personal liberty' and persecution. The quack shrieks that there is nothing wrong in his business and that he is being persecuted by the 'Doctor's Trust.' When the newspapers of this country finally reach the high plane of keeping faith with their readers and placing editorial ethics above business office receipts, they will not permit a patent medicine advertisement to appear in their columns, and that will mean the death of the patent medicine business."

It is with special satisfaction we note that one of the best of our Journal's New Jersey newspaper exchanges—The Camden Daily Courier—contained the following editorial in a recent issue:

"The New Jersey State Medical Society warns the people against quacks who profess to treat people's ailments by the help of nature's remedies and so forth. Like the slacker in the time of need the quack is an undesirable affliction, and in this intelligent age it is strange that he is permitted to earn a subsistence by imposing upon credulous people. Give the quack no recognition whatever, and compel him to seek some sphere of activity where he may be competent to do some good for himself if not for his fellow men."

May God speed the day that *The Tribune* says is coming. The editor as a reader of that paper for more than half a century has noted its advocacy of movements that tended toward the betterment of society and its present attitude—and that of the other papers quoted—towards fraudulent advertising is worthy of high commendation. We recognize the great influence of the daily press. Let us increase that influence by calling the attention of our patients and the public to these utterances on one of the most important subjects that affect the public welfare.

HAVE YOU PAID YOUR 1918 DUES? IF NOT, PLEASE DO SO TO-DAY.

CORRESPONDENCE.

Combatting False Curative Agencies.

To the Readers of the Journal:

Medical men generally agree that the best way to combat the so-called "sciences" and other alleged curative agencies is not to abuse or even ridicule them, but to minimize them by showing the positive and permanent results of genuine medical research. No better book for making known what our profession has accomplished can be found, in my judgment, than Dr. William W. Keen's "Medical Research and Human Welfare," a record of his personal experiences during his professional life of fifty-seven years. This grand old man of the profession, now eighty years old, writes like a man of fifty, and has shown the heart of a young man in his declaration that he intends to devote the rest of his life to defeating Prussianism, militarism and brute force generally.

If I wanted to restrain a patient from running after strange gods of an alleged curative sort I should ask him to read this book, and to my fellow-practitioners I recommend the book as a source of inspiration. It makes one prouder of the profession to read this book, and take in, from its forty-one crisp but fairly full chapters (and all within one hundred and sixty pages), the advances in surgery, the triumphs in medicine, the magnificent sacrifices made by some medical martyrs, members of our profession, to solve the problem of yellow fever, leprosy and other plagues.

The book is literally "thrilling" reading, even to the supposedly callous medical man, while to the patient the book will give a higher estimate of the abilities of his family physician. It is good missionary literature. Buy it, read it, and pass it on to your patients with the request that they read it. It is published by the Houghton-Mifflin Company of Boston.

Alexander McAlister, M. D.

Reporting of Accidents from Local Anesthetics.

To the Editor:

The Committee on Therapeutic Research of the Council on Pharmacy and Chemistry of the American Medical Association has undertaken a study of the accidents following the clinical use of local anesthetics, especially those following ordinary therapeutic doses. It is hoped that this study may lead to a better understanding of the cause of such accidents, and consequently to methods of avoiding them, or at least, of treating them successfully when they occur. It is becoming apparent that several of the local anesthetics, if not all of those in general use, are prone to cause death or symptoms of severe poisoning in a small percentage of those cases in which the dose used has been hitherto considered quite safe. There seems to be a peculiar hypersensitiveness on the part of those in whom the accidents occur.

Such accidents are seldom reported in detail in the medical literature, partly because physicians and dentists fear that they may be held to blame should they report them, partly, perhaps, because they have failed to appreciate the importance of the matter from the standpoint of the protection of the public. * * * When, for any reason, it seems undesirable to publish records of cases, a confidential

report may be filed with Dr. R. A. Hatcher, 414 East Twenty-sixth street, New York City, who has been appointed by the Committee to collect this information. If desired, such reports will be considered strictly confidential so far as the name of the patient and that of the medical attendant are concerned.

The following data are especially to be desired in those cases in which more detailed reports cannot be made. The age, sex, and general history of the patient should be given in as great detail as possible. The State of the nervous system appears to be of especial importance. The dosage employed should be stated as accurately as possible; also the concentration of the solution employed, the site of the injection (whether intramuscular, perineural or strictly subcutaneous), and whether applied to the mouth, nose, or other part of the body. The possibility of an injection having been made into a small vein during intramuscular injection or into the gums should be considered. In such cases the action begins almost at once, that is, within a few seconds.

The previous condition of the heart and respiration should be reported if possible; and, of course, the effects of the drug on the heart and respiration, as well as the duration of the symptoms, should be recorded. If antidotes are employed, their nature and dosage should be stated, together with the character and time of appearance of the effects induced by the antidotes. It is important to state whether antidotes were administered orally, or by subcutaneous, intramuscular or intravenous injection, and the concentration in which such antidotes were used.

The committee urges on all anesthetists, surgeons, physicians and dentists the making of such reports as a public duty; it asks that they read this appeal with especial attention of the character of observations desired.

Torald Sollmann, Chairman.

R. A. Hatcher, Special Referee.

Miscellaneous Items Continued.

Petition for Sussex Doctor's Release.

Owing to the scarcity of physicians and an unusual amount of sickness, a petition has been sent to the War Department asking it to release Lieutenant Dr. H. J. Harp, who is stationed at Camp Dix, in the medical corps. Lieutenant Harp has been in service for more than four months.

No Love for the Kaiser.—Peter Becht, of Baltimore, fifty years old and married, is one German who has no love for the Kaiser. "I served in the German army three years," said Becht to-day. "I would not kill the Kaiser. I would put him in a cage and starve him to death as he is causing Germany to be starved now."

Proving Too Much.—What is the present status of Abderhalden's test for pregnancy? We know a professor of pathology who tried the test upon himself, and to his horror got a positive reaction,—and for the next six months the distracted man had to work to prove that he wasn't pregnant.—Med. Review of Reviews.

Academy of Medicine of Northern New Jersey.

The stated meeting of the Academy will be held on Wednesday, February 20, at 8.45 P. M. in the auditorium of the Board of Health, Plane street, Newark. The paper will be on "Some Modern Psychological and Therapeutic Studies in Mental Hygiene," by L. Pierce Clark, M. D., of New York City.

The Section on Medicine and Pediatrics will be held Thursday, February 14, at 8.30 P. M. After report of cases there will be a symposium on Headaches: (a) Due to Disease of the Eyes, by John F. Chatten, M. D., discussed by Dr. F. C. Jacobson; (b) Due to Diseases of Women, paper by Dr. E. J. Ill, discussed by Dr. A. A. Strasser; (c) Due to Diseases of the Nervous System, paper by Dr. E. P. Whelan, discussed by Dr. C. C. Beling; (d) Due to other causes, paper by Dr. Teimer, discussed by Dr. W. S. Foster; (e) Due to Syphilis, paper by Dr. Louis A. Koch, discussed by Dr. H. J. F. Wallhauser.

The Section on Eye, Ear, Nose and Throat will meet Monday, February 25 at 8.45 P. M. After report of cases there will be a paper, subject and author to be announced later.

The Sections on Surgery, Obstetrics and Gynecology will meet Tuesday, February 26, at 8.45 P. M. After report of cases Dr. G. N. J. Sommer of Trenton will present a paper, subject to be announced later by Section postal card.

German Efficiency.

From the Wisconsin Med. Journal.

When Ehrlich made his now famous "606" the formula was patented and the product of .6 gm. in an ampoule was sold at retail in America for the modest but tidy sum of \$3.50. Shortly after the war the price of the product was made still higher until a Mr. Metz of the Farbwerke Hoechst Co., would only dole it out in small lots to physicians who were charged \$4.50 for .6 gm. In the meantime the Dermatological Research Laboratory at Philadelphia made their arsenobenzol, a product much less toxic than the last shipment of salvarsan which was sent to us by the Germans on the "Deutschland." In fact that lot was so highly toxic that many men gave up the use of it. Was that possibly a bit of German frightfulness directed against unfortunates in America? Now we are told that arsenobenzol can be made and sold at 75c. for .6 gm. with a reasonable profit. Have we not been bled nicely by another example of German efficiency. A product which can be sold at a profit at 75 cents is palmed off on us for the small sum of \$3.50 to \$4.50.

If reports are true we shall no longer be in the grip of a monopoly of German origin. The Rockefeller Institute reports the discovery of an arsenical preparation even better than Ehrlich's "606," which can be made and sold for 5 cents (!!) a dose. We place credence in the report of the efficacy of this new drug for we were told several months ago that such was the case. The publication of the results was delayed until all reasonable tests had proved the usefulness of the new drug known as A-189. Thus is German efficiency in this field broken down and soon we shall be entirely independent of the accursed salvarsan monopoly.

Special War Items.

NEW JERSEY DOCTORS IN THE ARMY.

Supplementary to List in December Journal.

Bergen County—Lieut. Samuel C. Orgel, Hackensack.

Camden County—Lieut. Irving Elmer Diebert, Camden.

Essex County—Lieuts. Albert G. Hulett, East Orange; Jesse A. Levine, Orange; George Vane Morse,* Bloomfield; Bernard A. O'Connor* Harrison.

Hudson County—Lieuts. Martin B. Finneran, Leonard M. Kelahar, Arthur O. Largay, Irwin Markowitz, Edward A. Murphy, Norman L. Sheeche, all of Jersey City.

Mercer County—Lieut. Samuel Blangrund, Trenton.

Monmouth County—Lieut. John Blair Boyd, Farmingdale.

Passaic County — Lieut. Elroy W. Smith, Passaic.

*Members of the Medical Society of New Jersey.

PROMOTIONS IN THE M. R. C. FROM LIEUTENANTS TO CAPTAINS.

Lieut. James Breslin, Camden, Camden Co.
Lieut. W. Leslie Cornwell,* Bridgeton, Cumberland Co.

Lieut. Z. Lawrence Griesemer,* Roselle, Union Co.

Lieut. Jesse D. Lippincott,* Newark, Essex County.

Lieut. Joseph T. Welch,* Long Branch, Monmouth Co.

*Members of the Medical Society of New Jersey.

Correction:

In December list Dr. Leonard F. Hatch,* Vineland, Cumberland Co., was entered as Lieutenant; it should have been Captain.

Dr. Z. P. Fletcher, Jersey City, has not been commissioned in the M. R. C. as reported in the list given in the December Journal, though he was accepted by the State Examining Board.

Orders to Officers of the Medical Reserve Corps.

(Members of the Medical Society of New Jersey.)

Lieut. Frank Bortone, Jersey City, to Boston, Mass., for instruction.

Lieut. Philip DuB. Bunting, Elizabeth, to Camp Wheeler, Macon, Ga., for duty.

Lieut. Thomas A. Clay, Paterson, to Univ. of Pennsylvania, Phila., for instruction.

Lieut. W. Leslie Cornwell, Bridgeton, to Fort Oglethorpe, Ga., for instruction.

Lieut. Filbert R. Corson, Atlantic City, to Rockefeller Institute, N. Y., for instruction, etc.

Lieut. Joseph G. Donelsbeck, Trenton, to Camp Wheeler, Macon, Ga., base hospital.

Lieut. Harvey M. Ewing, Upper Montclair, to Camp Joseph E. Johnston, Jacksonville, Fla., as member of examining board for tuberculosis.

Lieut. Leslie H. Ewing, Berlin, to Fort Oglethorpe, Ga., for instruction.

Capt. George B. Gale, Newark, to Camp Joseph E. Johnston, Jacksonville, Fla., for duty.

Lieut. Charles M. Gray, Vineland, to Camp Dix, base hospital.

Lieut. Edward Guion, Atlantic City, to Post

Graduate Medical School and Hospital, N. Y., for instruction in urology and dermatology.

Lieut. Orville R. Hagen, Paterson, to Boston, Mass., for instruction.

Lieut. Thomas W. Harvey, Jr., Orange, to Fort Oglethorpe, Ga., for instruction.

Capt. Leonard F. Hatch, Vineland, to Fort Oglethorpe, Ga., for instruction.

Lieut. James S. Knowles, Tuckahoe, to Carnegie Inst. of Technology, Pittsburgh, Pa., for instruction in automobile maintenance and gas engine operation.

Lieut. Charles P. Lingle, Arlington, to Camp Meade, Annapolis, Md., base hospital.

Capt. Andrew F. McBride, Paterson, to University of Penn., Philadelphia, for intensive instruction in brain surgery.

Capt. Thomas S. McCabe, Newark, to Chicago, Ill., for instruction.

Capt. Frederick W. Marcy, Camden, for instruction in orthopedic surgery.

Lieut. John Pellarin, West Hoboken, to Camp Kearney, Cal., base hospital.

Lieut. Stephen T. Quinn, Elizabeth, to Camp Sevier, Greenville, S. C., base hospital.

Lieut. Martin W. Reddan, Trenton, to Camp Jackson, Columbia, S. C., base hospital.

Lieut. Edwin H. Riggins, Orange, to Camp Shelby, Hattiesburg, Miss., base hospital.

Capt. Elbert S. Sherman, Newark, to Washington, D. C., Aviation Section, Signal Corps, for duty.

Lieut. Morris J. Weiss, Bayonne, to Camp Sevier, Greenville, S. C., base hospital.

New Jersey Flyer, Rejected Here, Brings Down German Aeroplane.

Austin Crehore of Westfield, N. J., American aviator in the French army, shot down a German aeroplane on January 19. Crehore had been rejected by the American aviation officials on account of a defective ear.

Montclair Hospital Unit Nurses.

With the exception of two, the nurses making up the Montclair hospital unit stationed at Pelham Bay, known officially as Naval Base Hospital No. 3, were called into service this week at Pelham Bay, Dr. James T. Hanan of Montclair is in charge of the unit.

Scarcity of Doctors in Sussex County.

Dr. Thomas R. Pellet of Hamburg, son of Dr. J. B. Pellet of the same place, a lieutenant in the Medical Officers' Reserve Corps, has been ordered to report for duty February 1. This action of the War Department increases the lack of physicians in the northern part of Sussex County, despite the fact that a petition was sent to the department from Hamburg asking the officials not to call the junior Pellet. Hamburg now has one physician and Branchville one. In Walpack, Sandyston and Montague townships there is only one. Ogdensburg, Sparta, Colesville, Frankford Township, Wantage Township and Lafayette have none and Vernon Township one.

Spring Lake Hotels for Army Hospitals.

Inspection of the hotels at Spring Lake was recently made by army officials from the surgeon general's department. The inspection was for the purpose of noting the adaptability of the structures for army hospital purposes.

Lakewood Hotel as Army Hospital.

The work of turning the big Lakewood Hotel, built at an expense of \$1,000,000, by Nathan Straus, the New York merchant and philanthropist, into a United States army hospital, is going on rapidly.

The hospital will hold 1,200 patients without crowding, and if necessary the number can be greatly increased. It is understood that Lakewood will also be a base for nurses, and that from fifty to 100 will be here all the time after the hospital opens up.

Camden Red Cross Work.

The Camden County Chapter, American Red Cross, of which Dr. Daniel Stock is chairman, has been doing excellent work. During November and December 42 cases were shipped from Camden, Merchantville, Collingswood and Haddonfield, containing 17,881 gauze dressings, 4,399 hospital supplied, 2,227 wool knitted garments, 357 comfort kits, etc., or 25,467 articles in all. The following letters acknowledging receipt of a large box of supplies was recently received:

Rome, December 5, 1917.

Dr. Daniel Stock,
Chairman, etc.

Dear Sir: It will probably be of interest to your chapter to know that Box No. 12, originally sent to the Paris Branch for distribution, has been forwarded to Rome to meet the unusual emergency which arose at the time of the Italian retreat, and the articles in this case have been distributed amongst the Italian Hospitals, where it is needless to say they were received with the greatest of gratitude.

Very truly yours,

R. H. Sherman,

Director of Stores and Transportation.

Signal Corps Camp at Monmouth Park.

Present indications point to a large signal corps cantonment at the old Monmouth Park next summer, which will mark the first anniversary of the property as a military camp. The work under way at present will cost about \$300,000. This includes the radio school and aviation grounds. The latter is to be located on the former Deal Polo Club campus, where Joseph E. Meyer made his summer home. There are only two battalions at the camp at present, three others having sailed for France within the last two months, yet all the barracks are filled, and no new officers or men will come till the new buildings are finished. Two large new barracks, however, are expected to be ready for occupancy in a few days, and already the radio supply officer is here and lining up the clerical force necessary to conduct business. A small-sized village of buildings is under way.

Camp Merritt Hospital Capacity to be Doubled.

Since his personal investigation of health conditions at federal cantonments in New Jersey, and his suggestion to federal authorities that the hospital in course of erection at Camp Merritt, should have a greater capacity than 500 beds, Governor Edge has received word from Major General Merritt, that the latter's recommendation to the War Department that the capacity of the hospital be increased, has been acted upon favorably. Major General

Shanks recommended a total capacity of 1,000 beds, and this has been indorsed by Washington and plans will be revised accordingly.

Health Conditions at Camp Dix.

Medical Director Ekwurzel reports that health conditions at Camp Dix are about on a par with those of any army camp in peace times. On January 5 the sick list totaled 700 men, including those suffering from sprained limbs, colds, sore throat and other minor ailments, which, the director pointed out, would not keep civilians from their daily tasks. Since the camp was started there have been eighteen deaths. Three of them were suicides, one was killed by a train and fourteen died from various diseases, including three from pneumonia. Since September the camp soldier population has ranged from about 15,000 to 20,000. It was admitted by the medical director that all of the facilities needed for proper nursing of the sick were not on hand during the early days of the camp. That lack no longer exists, every equipment necessary having been obtained for the base hospital and infirmaries. Within a few weeks a full corps of nurses will be added to the base hospital corps, the only reason for their absence in the past having been that the housing facilities needed for these nurses were not finished or furnished. Members of the medical department at the camp include some of the best specialists in their particular lines the country has, added General Scott. At home most of the soldiers would not be able to purchase this service and consequently are better cared for in the medical department than they were before entering the service.

Meningitis Carriers at Camp McClellan.

In reply to the false reports circulated that the men who are confined in the meningitis carriers camps are undergoing "all kinds of hardships," Lieutenant Colonel Snyder, division surgeon, recently presented his justification for keeping them there by pointing to a straight line on a chart in his office. It showed that for two weeks there have been no new cases of the disease in the division. "We know it is hard on the men over there to keep them in isolation," he declared, "but we also feel that their hardship is as nothing to that which would result if the disease of which they are carriers gained headway in the division."

He urged the effectiveness of the quarantine system in general use throughout the division by citing the low death rate that has prevailed there. There are 400 healthy men in the carriers' camp, yet if they were turned loose among their fellows, Colonel Snyder pointed out, each one might spread disease.

Pneumonia in Training Camps.—Pneumonia

caused 149 of the 235 deaths reported among the National Guardsmen and National Army men training in this country in the week ending January 11th. The weekly report of the Division of Field Sanitation shows that eighty-eight guardsmen died, as compared with 109 the week before, and 147 National Army men as against 167 the previous week. Both the hospital admission and non-effective rates in the Guard and National Army Camps increased for the week, with pneumonia generally preva-

lent. Among the guardsmen there were 342 new cases of pneumonia, and in the National Army 340. Camp Doniphan, Okla., led the guard camps in the number of new cases of pneumonia with fifty, and Camp Wheeler, Ga., was second, with forty-seven. Camps MacArthur, Tex.; Bowie, Tex., and Beauregard, La., were above the average in the number of new cases with forty-five, forty-six, and thirty-six cases, respectively. Camp Travis, Tex., headed the National Army camps with new cases of pneumonia with ninety-four, against seventy-two the week before; Camp Pike, Ark., was second with forty-one cases, and Camps Lee, Va., and Taylor, Ky., reported twenty-four and thirty-four new cases, respectively. The week before there were fifty-nine new cases at Camp Lee.

Venereal Disease in the Camps.

We are hearing a great deal about the danger of venereal infection in the various army cantonments. The danger has been greatly magnified if the official reports on the health of these camps stand for anything. For many years very stringent regulations for the prevention of venereal diseases have been enforced in the army and, whether these regulations are still rigidly enforced or the sources of infection have been eliminated, the number of cases of venereal disease reported each week hardly justifies any alarm for the welfare of the soldiers. For the week ending November 16 there were reported forty cases of venereal disease at Camp Funston, where there were 26,645 men. It is doubtful if there is a city in the United States that could make so good a showing.

War School of Syphilis, Skin and Venereal Diseases and Genito-Urinary Surgery.

The Surgeon-General recently issued an order for the establishing of a school in St. Louis, Mo., for instruction of medical officers of the army in the above named diseases. The headquarters will be at Washington University Medical School, St. Louis.

The course of instruction will extend over a period of about one month, after which the officers will be assigned to various camps. The mornings will be devoted to genito-urinary work while instruction in syphilis and skin diseases will be given in the afternoons.

This is the second school of the kind to be established by the Surgeon-General, one other school of this nature having been opened in New York City.

Retired Naval Surgeons Recalled to Active Service.—The Official Bulletin states that 493 retired naval officers have been recalled to active service, and among them are 27 members of the medical corps—1 surgeon general, 6 medical directors, 3 medical inspectors, 8 surgeons, 5 passed assistant surgeons, and 4 assistant surgeons. One hundred and thirty-eight officers who had resigned from the Navy have returned for the duration of the war and are now officers of the Fleet Naval Reserve. Among these are 3 passed assistant surgeons and 2 assistant surgeons.

Major General Wood Wounded.

Major General Leonard A. Wood, M. D., one of the ablest of our U. S. Army officers, while

on a visit to the French front was hit by a fragment of a gun which burst while being tested. His injuries which are confined to the left arm are not considered serious, but he was taken to a hospital in Paris.

Medical Problems on the Italian Front.

Dr. Victor G. Heiser, in a paper read Dec. 31st, before the Amer. Ass'n for the Advancement of Science, spoke of the remarkable efficiency of the Italians in their medical organizations, in solving serious sanitary problems and in providing hospitals. He said:

The problem of "mobile hospitals" had been worked out to perfection. By means of a 150-bed hospital, carried on five motor trucks, it was possible for the surgeon to travel 75 miles from the point of the last operation in 16 hours. He took his whole staff of assistants and nurses with him and was ready to operate again. These hospitals were maintained at one-third of the cost expended by other belligerents. The Carrel treatment and all other modern techniques were employed. In regard to prosthetic treatments, the Italians were among the most adroit in reconstruction. Much had been read of the Roehampton Hospital in England, but the Marguerita Hospital in Rome far outclassed it in ingenious appliances. In Bologna a man was seen who had lost both hands, but was still able to eat with knife, fork and spoon.

Hospital Train Starts for France.

The first of six American hospital trains, which are being built in England, for service in France, started from London for American headquarters, December 31. The train consists of sixteen cars, and was built in less than eleven weeks, at the carshops of the Midland Railway at Derby.

Women Nurses on Hospital Ships.—Women nurses are to be employed on hospital ships for the first time in American history. They will be assigned to two ships soon to be ready for service, the *Comfort*, formerly the *Ward liner Havana*, and the *Mercy*, formerly the *Saratoga* of the same line. Both liners have been remodeled and fitted with accommodations for 300 patients each, with special quarters for the women nurses.

X-Ray Work at the Front.—According to Colonel T. H. Goodwin, the x-ray is used extensively at the front, and a fracture is practically never operated on without the x-ray plate in the window for reference. The medical officer on duty notes all cases needing an x-ray and when the surgeon begins operating, plates are ready.

Army Surgeons on Draft Boards.

To facilitate and speed up the calling of the next draft, surgeons from Camp Dix will be sent out to aid many of the district boards in New York and New Jersey in examining recruits summoned for service, under orders issued recently. War department officials believe that much time will be saved under this plan and considerable expense for the government as there will be less likelihood of unfit men being sent to camp, only to be rejected and ordered back to their homes. A thorough

preliminary examination by an army surgeon will also eliminate the need for a second examination here and a third point in favor of the use of surgeons as examiners for district boards is that it tends to prevent any rejections that may seem to show favoritism.

Physical Causes for Rejection of Registrants.

The Provost Marshal General, in his report of the operation of the selective service, says:

Rumors here and there in the public press stated that the camp surgeons had discovered, among the men accepted by the local boards, some with glass eyes, some with cork legs, and some with other obvious disqualifications. If such men were found, no disparagement is involved for the local board surgeons; for it is safe to assert that such grossly defective persons came from the contingent of about 20,000 men who had never appeared before the local boards, but had been gathered up by the adjutants general and sent direct to the camps. There is no ground for supposing that the local board surgeons were either incompetent or careless to that extent. The spirit of their practice was to make all intendants in favor of the government; but nothing permits us to suppose that they would or did send to camp any men with cork legs or glass eyes.

Revision of Regulations for Physical Examination in the Army.

On the recommendation of the Surgeon-General of the Army, a board has been appointed to fix more definitely than at present the standards by which is to be determined the physical fitness of registrants for duty under the Selective Service Law and of applicants for enlistment. The work of the board will constitute the revision of so much of the regulations issued under the Selective Service Law and of the Manual for Recruiting Officers as is related to physical examination. By this revision it is hoped to make as nearly uniform as may be practicable, the methods followed and the standards adopted by the examining physicians associated with local boards and with medical advisory boards, and to harmonize these standards with the methods and standards of officers on recruiting duty.

Ruling on Surgical Operations on Enlisted Men—The Judge Advocate General of the Army has published a ruling upholding the right of an enlisted man to refuse to undergo a surgical operation unless the attending surgeon formally certifies that there is no danger to the life of the patient. This ruling is the result of trial by court martial of a private who refused to obey orders and upon conviction was sentenced to two months' imprisonment. It was found that no certificate stating that the proposed operation was devoid of danger had been filed and the prisoner was released. If the surgeon reports that an operation involves danger to the soldier's life and the man does not want to take the chance the army regulations prescribe that he must be honorably discharged from the army for disability.

Wounds in the Trenches.—In modern trench warfare, about 75 per cent. of the wounds are produced by shell-fire and 20 per cent. by rifle

and machine-gun fire, this proportion, of course, varying with the nature of the action. In 100 wounded there will be: 10 to 20 head wounds, 5 to 10 chest wounds, 6 abdominal wounds, 60 wounds of extremities.—Lieut.-Col. T. H. Goodwin, R. A. M. C.

Royal College of Physicians of Ireland Welcomes American Medical Officers.

At a stated business meeting of the president and fellows of the Royal College of Physicians of Ireland, held on Friday, Dec. 7, 1917, it was unanimously resolved that all the officers of the United States Medical Service while stationed in Dublin and its neighborhood should be cordially invited to make use of the college library. The president and fellows expressed a sincere hope that the officers of the United States Army Medical Service will make as free use as they desire of this invitation.

A French Officers' Beautiful Tribute to Deceased American Soldiers.

The first three American soldiers to lose their lives in the war are sleeping the last great sleep in France—Privates Enright, Gresham and Hay, of the American Army. A splendid ceremony characterized their burial and the beautiful tribute paid to them by a French officer with all the eloquence of his race, is so full of all that fills men's souls with love of country and the willingness to die for the principles they cherish, that we were glad to find a report of it in the December issue of *American Medicine* and give it to our readers.

"In the name of the —th division, in the name of the French Army, and in the name of France I bid farewell to Private Enright, Private Gresham and Private Hay of the American Army.

"Of their own free will they had left a prosperous and happy country to come over here. They knew war was continuing in Europe; they knew that the forces fighting for honor, love of justice and civilization were still checked by the long-prepared forces serving the powers of brutal domination, oppression and barbarity. They knew that efforts were still necessary. They wished to give us their generous hearts, and they have not forgotten old historical memories, while others forget more recent ones.

"They ignored nothing of the circumstances and nothing had been concealed from them—neither the length and hardships of war, nor the violence of battle, nor the dreadfulness of new weapons, nor the perfidy of the foe. Nothing stopped them. They accepted the hard and strenuous life; they crossed the ocean at great peril; they took their places on the front by our side, and they have fallen facing the foe in a hard and desperate hand-to-hand fight. Honor to them. Their families, friends and fellow-citizens will be proud when they learn of their deaths.

"Men! These graves, the first to be dug in our national soil, and but a short distance from the enemy, are as a mark of the mighty land we and our Allies firmly cling to in the common task, confirming the will of the people and the army of the United States to fight with us to a finish, ready to sacrifice as long as is necessary until final victory for the most noble of causes, that of the liberty of nations, the weak as well as the mighty. Thus the deaths of these hum-

ble soldiers appear to us with extraordinary grandeur.

"We will, therefore, ask that the mortal remains of these young men be left here, left with us forever. We inscribe on the tombs, 'Here lie the first soldiers of the Republic of the United States to fall on the soil of France for liberty and justice.' The passerby will stop and uncover his head. Travelers and men of heart will go out of their way to come here to pay their respective tributes.

"Private Enright, Private Gresham, Private Hay! In the name of France I thank you. God receive your souls. Farewell!"

Field Marshal Haig of England in concluding a report published in the Official Gazette, says: "During the year the United States has entered the war and taken up their part with all the well-known energy and ability of that great nation. Already many thousands of American soldiers are in France. Warm as is the welcome they received from the French people, nowhere will they find a more genuine or friendlier greeting than among the ranks of the other great English-speaking armies. Of interest to Officers' Reserve Corps officers and selective service recruits 'n National Army cantonments in the United States, is a paragraph of the report that emphasizes "the supreme importance" of training troops "under officers who are to command them in the task which they are to be called upon to perform."

Power of Patriotism in the Cantonments.

"Patriotism is the strongest incentive to right living that exists in the cantonments of this country," says Kate Waller Barrett, M. D., Sc., president of the National Association of Florence Crittenden Missions. She has recently returned from a tour of military camps and cantonments which she visited as a representative of the National Congress of Mothers. She was given opportunity to address both volunteers and regulars, a privilege granted to few women. Dr. Barrett learned conditions from personal observation, public addresses at meetings and from private talks with soldiers. "I say emphatically that conditions are splendid at every one of these camps," Dr. Barrett says. "Patriotism is the strongest incentive to right living that there is. It is stronger than religion, stronger than advice of parents; it is the one power which is stronger than the sex appeal itself."

War and Alcohol.

Major W. McCacces, surgeon St. Bartholomew Hospital, London, in concluding a lecture on "War and Alcohol," recently said:

"The saving of money, the better health of the people, their greater efficiency, and, as many believe, the hastening of victory by the disuse of alcohol for human consumption is a matter which concerns every member of the community, and it is the duty of all who know the facts to diffuse them temperately, earnestly, and widely among all classes of the nation. Truly it would be a splendid achievement to win a more decisive and quicker victory over our enemies by the patriotic and self-denying abstinence from alcoholic beverages so wisely inaugurated by the King and his households."

One hundred American Army Surgeons have been organized by the Surgeon-General of the Army for service in the hospitals of Roumania. This is the first detachment of medical officers to be sent for service abroad other than with the French, British or American forces. The detachment is under the command of Col. Walter D. McCaw and will report to the American Minister at Jassy, Roumania.

Prophecy and Patriotism.

Charles M. Schwab, president of the Bethlehem Steel and subsidiary companies, in an address before the alumni of Public School No. 40, New York City, said that work and service, not wealth, is to be the basis of future aristocracy.

"We are at the threshold of a new social era," said Mr. Schwab, after discussing the war situation. "This new order of things may work great hardship for many of us. It is going to come upon us sooner than we expect. It is social renaissance of the whole world. Some people call it Socialism, others call it Bolshevism. It means but one thing, and that is that the man who labors with his hands, yet does not possess property, is the one who is going to dominate the affairs of this world, not merely Russia, Germany, and the United States, but the whole world.

"The aristocracy of the future is not to be the aristocracy of wealth; it is going to be the aristocracy of men who have done something for their country and for the world at large. When that time comes, wealth will not be the standard, nor will lineage of birth, but the standard will be the man of honorable and straightforward demeanor. Whatever the Creator has designed will come, and it will be good. Changes in social conditions do not come by men alone, but because God decrees them."

Of his war work Mr. Schwab said:

"Many months ago the Secretary of the Navy called upon us to undertake the task of building a fleet of torpedo boat destroyers. As you know, the Allies have learned that the destroyer is the only weapon that has coped to any extent successfully with the submarine problem. In this connection you may be a little surprised and pleased to learn that we have under construction and will complete inside of eighteen months, more destroyers than at present possessed by all the navies of the world put together. To turn out this fleet we have been obliged to open several new plants requiring the services of 40,000 additional hands. Many of the plants and ships are already well under way. At our Bethlehem plant we are employing 100,000 workmen, the payroll of which is \$12,000,000 a month. We are turning out 50 per cent. more munitions than any other plant in the world. It may stagger your imagination when I tell you that we have contracts in hand estimated at \$750,000,000."

* * *

"Don't let us run away with the idea that we have a light job on our hands," he warned. "We might as well realize that it is the duty of every citizen to give his last dollar and his last drop of blood, if necessary, in defence of his country.

"I stand ready to devote every dollar and every talent that I possess to the benefit of mankind and this great and glorious country."

THE PROPOSED NEW NURSES' LAW FOR NEW JERSEY.

Section 1. Be it enacted by the Senate and General Assembly of the State of New Jersey, that within sixty days after the passage of this act, the Governor shall appoint a **State Board of Examiners for Registration of Nurses**, composed of five members; three of said members shall be physicians, all of whom shall be connected in an official capacity with acceptable public hospitals where nurses' training schools are maintained, and all of whom shall have practiced their profession in the State of New Jersey for at least five years immediately preceding the time of their appointment; and the remaining two members shall be nurses, graduated from training schools connected with accepted hospitals where practical and theoretical instruction is given in general surgical, medical and obstetrical nursing, and who shall have been engaged at nursing for at least five years since graduation.

Section 2. The Governor shall appoint the original members of said board; one for one year, one for two years, one for three years, one for four years and one for five years; and upon the expiration of the term of office of any member, the Governor shall likewise appoint persons, with the above specified qualifications, to fill the vacancy for a term of five years and until a successor is chosen. The unexpired term of any member, caused by death, resignation, or otherwise, shall be filled by the Governor, in the same manner as an original appointment. The Governor may remove any member for neglect of duty, incompetence, or dishonorable or unprofessional conduct.

Section 3. The said board as soon as appointed, and annually thereafter, on a date to be fixed by the by-laws, shall **meet for organization**, and shall also hold **other meetings** by call of the secretary, upon written request of two members, or under such other circumstances as may be prescribed by the by-laws. Three members shall always constitute a quorum. At such organization meeting the board shall elect, from its members, a president and a secretary; the secretary shall act as treasurer. The said officers shall be elected for a term of one year and until their successors are duly chosen, and all vacancies arising in said offices shall be filled by the board, in like manner, for the unexpired term. The board shall adopt a seal, and shall establish by-laws and regulations for its own government and for the execution of the provisions of this act. The secretary shall keep a record of all proceedings of the board, and also a **register of all nurses** registered under this act, which register shall at all reasonable times be open for public inspection.

Section 4. The secretary, immediately upon the registration of every nurse, shall file in the office of the **Director of the Board of Health**, under the seal of the said Board of Examiners, an exact counterpart of the certificate issued to the holder thereof; and said counterpart shall be filed and indexed in the office of the Director of the Board of Health, and kept by him for public inspection and information. If the secretary of the board neglect to file said counterpart, as aforesaid, for more than twenty days from the date of issue of the corresponding certificate, unless prevented therefrom by sickness or other unavoidable inability,

the said secretary shall be held guilty of a breach of duty and shall forfeit his or her membership and his or her officership in the said Board of Examiners.

Section 5. The secretary of the board shall receive a salary not to exceed one hundred dollars (\$100.00) a year. All other members of the board shall serve without salary, but their **traveling and necessary expenses** shall be defrayed by the board. All expenditures of the said board shall be paid from the fees received thereby under the provisions of this act, and said expenditures shall in no case be paid from the State Treasury. The **treasurer** of the board shall **give bond**, in such sum as may be fixed by the by-laws, which bond shall be subject to the approval of the State Treasurer. The said treasurer shall pay the necessary and current expenses of the board, and may retain in the treasury a sum not exceeding two hundred (\$200.00) dollars to defray the ordinary expenditures; but all moneys exceeding the said sum of two hundred (\$200.00) dollars shall be paid by the treasurer of the board to the State Treasury. The said board shall have no power to fix prices or in any way control the compensation received by the registered nurses.

Section 6. As soon as appointed, in the year one thousand nine hundred and eighteen, and subsequently at least twice each year, at a time and place to be prescribed by said by-laws, the **said board shall meet** for the purpose of **examining applicants** for registration under the provisions of this act. Notice of such meetings shall be given in the public press and in one or more nursing journals, at least one month prior to each meeting, in a manner to be prescribed by said by-laws. At said meetings the board shall examine all applicants for registration, to determine their qualifications for the efficient nursing of the sick; and examination to be conducted in accordance with provisions of this act and with the by-laws and regulations of the board. Any applicant who shall pass said examination to the satisfaction of the board shall receive therefrom a certificate of registration, signed by the president and secretary of the board, or by at least three members thereof.

Section 7. On and after July first, one thousand nine hundred and eighteen, no application for registration shall be considered unless accompanied by a fee of **five dollars**. Every applicant to be eligible for examination must furnish evidence, satisfactory to the board, that he or she is **twenty-one years of age** or over, is of **good moral character**, and has **graduated** from a **training school for nurses**, or has received instruction in different training schools or standard hospitals for periods of time amounting to at least a **two years' course**, as aforesaid, and then graduated, and that such applicant, during said period of at least two years, has received **practical and theoretical training** in surgical, medical and obstetrical nursing in a training school the curriculum of which is approved by this board. **Provided**, that a graduated nurse registered in any State of the United States, where the requirements for registration, in the judgment of the registration board for nurses of this State, are at least equal to the requirements of law for such nurses in New Jersey, may, at the discretion of the board, be registered without examination,

upon application in writing on forms provided by the board, and upon the payment of a fee of five dollars; and provided further, that it shall be the duty of the board within sixty days after its appointment to **prepare a curriculum for a course of training** for nurses of two years, which curriculum shall be a minimum standing for any training school approved by this board; and provided further, that it shall be the duty of the said registration board to **prepare and make a report for public distribution**, at intervals regulated by the by-laws of the said board, of all training schools or combinations of training schools that are approved by the board as possessing the necessary requirements for giving a pupil-nurse a full and adequate course of instruction; and provided further, that a **State educational director of training schools for nurses** shall be appointed by the State Board of Examiners for the Registration of Nurses of the State of New Jersey. **This appointee shall be a registered nurse**, and under the direction of the board of examiners, and her duty shall be to assist in **maintaining the necessary standards in the living, working and educational conditions of training schools for nurses**. The salary of the educational director shall be one thousand four hundred dollars (\$1,400.00) per year, and her railroad mileage, to be paid from the additional registration fee provided for in this act.

Section 8. Every nurse who shall receive a certificate of registration, under the provisions of this act, shall be entitled to be styled and known as a **Registered Nurse**, and it shall be unlawful for any other person to use said title, or any equivalent thereof. But this act shall not be construed so as to affect in any way the right of any person to nurse gratuitously or for hire; the purpose of this legislation being to secure the registration to those nurses, only, who are properly qualified therefor. Nor shall anything herein contained be considered as conferring any authority to practice medicine, or to undertake the treatment and cure of disease, in violation of the laws of the State.

Section 9. Every person who shall violate any of the provisions of this section, or who shall wilfully make false representations to the said board in applying for registration as aforesaid, shall be **guilty of a misdemeanor**, and, upon conviction thereof shall be sentenced to pay a fine of not less than fifty nor more than two hundred dollars for each offense, and shall be disqualified for applying for registration for the period of five years from the commission of the offense. The said board may institute and assist in any prosecutions under the provisions of this act, and may use the funds in the treasury of the board in connection with such proceedings.

Section 10. The said board may **revoke any certificate of registration**, for sufficient cause, in accordance with the by-laws and regulations of the board, and the secretary shall cause the name of the holder of such certificate to be stricken from the roll of registered nurses in his or her own possession and in that of the Director of Health. But such revocation shall only be by unanimous vote of the members of the board, after a full and fair hearing before the board, upon the question of revocation, and after thirty days' notice of the time and place of said hearing, and a copy of the charges pre-

ferred have been given to the holder of the certificate.

Section 11. All acts or parts of acts inconsistent herewith be and the same are hereby repealed.

Therapeutic Notes.

Acoustic Aid.

Oil of turpentine, 1 part.

Oil of almond, 6 parts.

Mix: In atonic deafness, accompanied by induration of wax, one or two drops instilled into the ear or on a piece of cotton-wool.—Medical Summary.

Bedsore.—To avoid bedsores suitable hygienic measures should be applied. Patches of beginning redness should be painted with phenolated oil and more advanced lesions, after drying, dusted with

Cinchonae, 100 grams.

Bismuthi subgallatis, 10 grams.

Benzoini, 5 grams.

Misce et fac pulverem.—Paris Medical.

Dentition—Disorders of.

Dr. Whitla uses the following formula:

When restlessness, sleeplessness, vomiting, and other disturbing symptoms are present in this period:

Sodii bromidi, gr. xxxij.

Chloral hydratis, gr. iv.

Liquor, ammon. acet, ʒiv.

Syrupi simplicis, ʒiv.

Aquae chloroformi, ad ʒij.

M. et ft. mistura.

Sig.: A teaspoonful every two hours until relieved, for a child 12 months old.—Dictionary of Treatment.

Dysentery.

Dr. Aldo Castellani, is the Journal of Tropical Medicine and Hygiene, warns against treating bacterial dysentery with astringents from the beginning. The treatment should always start with a dose of castor oil or with magnesium sulphate in dram doses every hour, or two drams every two hours, for twenty-four to forty-eight hours. Then astringents should be given in massive doses, e. g.:

Bismuthi subnitratiss, gr. xxx.

Liquor morphinae hydrochloridi (B. P. 1 per cent.), m ii.

Aquae chloroformi, q.s. ad ʒij.

M. Sig.: To be taken every two hours, day and night, for several days.

Irrigations are generally badly borne in acute cases, but in the subacute cases the author finds effective a solution of gallic or tannic acid and opium in water, and in very chronic cases a twenty grain to the quart silver nitrate solution. In the serum treatment, he uses a polyvalent serum in large doses; it should always be supplemented with the internal treatment already described. In polyarthritis from dysentery, in which the salicylates have practically no action, the serum and occasionally the vaccine treatment are useful. In amebic dysentery Castellani has in certain cases witnessed great benefit from high injections of emetine combined with ipecacuanha by the mouth. Emetine

may also be given by mouth in salol coated pills. He deems emetine, on the whole, a very safe drug, though if given too long it may induce diarrhea, and he has seen a case of erythematous rash, followed by desquamation, seemingly due to it.

Malaria—Obstinate Cases of.

Dr. Aufrecht, in *Berliner Klinische Woch.*, after some discussion of the treatments generally employed offers the following formula for obstinate cases of this infection, which he fancies is of some service:

Acid, arsenic, $\frac{1}{2}$ grain.

Quinin. hydrochlor., 75 grains.

Succ. liguiritis, q. s.

for 100 pills.

S. Two pills three times daily.

In the more urgent cases Aufrecht reduces the number of pills to two daily and prescribes quinine hydrochloride in the dose of ten grains three to four hours before the expected time of the febrile paroxysm.

New Method of Treating Flagellate Infection.

—McNeil in *Southern Medical Journal* (July, 1917), writes that the following prescription is found to give very good results in the treatment of this infection of the intestines.

Methylene blue (med. pure), gr. v.

Quinine sulphate, gr. xx.

Hydrochloric acid (conc.), m. xxx.

Aquae destillatae q.s., \mathfrak{z} i.

Pain and Uneasiness in Stomach After Eating.

Tinct. nux vomica, \mathfrak{z} ij.

Liquor diastis, \mathfrak{z} ij.

Casca laxative, \mathfrak{z} i.

Acid hydrochlor. dil., \mathfrak{z} ij.

Elix. lactated pepsin, q.s., \mathfrak{z} vj.

M. Sig.: Teaspoonful after meals.—Medical Summary.

Excessive Menstruation in the Unmarried.

Absolute mental and physical rest at the time of the period or better still one or two days before is essential. When the flow is established the foot of the bed should be raised eight to ten inches. The bowels should be properly regulated and a mild, non-stimulating nutritious diet allowed. The following prescription has been found useful in such cases:

Strychninae sulphatis, gr. ss.

Stypticini, gr. xij.

Hydrastininæ hydrochlor., gr. vj.

Acidi gallici, \mathfrak{z} i.

M. et ft. cap. no. xij.

Sig.: One capsule four times a day.

In hysterical and emotional patients 15 to 30 grains of sodium bromid with 30 or 40 drops of fluid extract of viburnum prunifolium in a teaspoonful of simple elixir every two or three hours is very useful.—Dr. Samuel Axilbrand, *N. Y. Med. Jour.*

Lobar Pneumonia—Bacteriemia in.

Drs. Sutton and Sevier, in the *Johns Hopkins Hospital Bulletin*, state that the blood culture is the most valuable prognostic aid in pneumonia. Of their cases, ninety-three per cent. with negative blood cultures, all with over five colonies per c.c. at any period of the disease died, with one exception, a patient who received serum treatment shortly after admission to the

hospital. Generally the incidence of septicemia runs parallel with the mortality.

Pneumonia—Treatment of.—Dr. Beverley Robinson, in the *N. Y. Med. Jour.*, says: For the contagion of pneumonia and for the relief of many patients, nothing equals beechwood creosote, properly and more or less constantly inhaled. In the way of heart stimulants there is none which equals tincture of strophanthus, old brandy and coffee. It is not proven as yet that any other remedies can take their place satisfactorily. Science is one thing; art is not. One is based upon accepted, ephemeral conviction of the time; the other upon wise empiricism during many years and besides observation and treatment of a large number of patients.

Pneumonia in Early Life—Treatment.—Dr. H. T. Price, Pittsburgh, in a paper published in the *Penn. Med. Jour.*, says:

Restlessness is one of the first and sometimes the only symptom we are called on to give special treatment. Rest, being one of nature's chief methods of preserving strength, should be secured as early and as much as possible. In many cases all that is necessary is fresh air or the tepid bath, but if the patient does not respond satisfactorily, opium in some form should be used. The chief indication in the average case of pneumonia is to minimize toxemia and prevent serious enfeeblement of heart action. Elimination is the best method now at our command to combat this condition. An initial dose of castor oil or milk of magnesia should be given to clean the intestinal tract of toxic materials. Elimination through the kidneys and skin should be promoted by the use of large amounts of water and frequent sponging. If the stomach is not retentive enteroclysis or even hypodermoclysis should be used. When vomiting is a serious symptom of the disease, acidosis may be present, in which case the bicarbonate of sodium should be added to the solutions administered.

Heart stimulants are necessary in many cases at the height of the disease, but just because a child has pneumonia it is not necessarily an indication for heart stimulants and the routine use of such should not be practiced. There are quite definite indications for the use of such stimulants. If the pulse is rapid but regular strophanthus in one of its forms is of greatest value. For the soft irregular pulse, caffeine seems most effective. The routine use of alcoholic stimulation in pneumonia is contra-indicated. To combat respiratory failure there is nothing better than atropin provided it is given until physiological effect is obtained. It will often excite the respiratory centers to greater activity and tide the patient through a critical period. The use of oxygen inhalations, in some cases, is very beneficial and in conjunction with atropin may turn the balance of the tight side. If the patient is given plenty of well-oxygenated air from the start the use of respiratory stimulants and oxygen inhalations will much less frequently be necessary.

No treatment of pneumonia in infancy is complete without the use of the hot mustard bath. It should not be used routinely, but when the child is cyanotic and greatly depressed it may be the only means that will give the desired result. It is also of prognostic value at

this time, for if there is no response to the mustard bath there is usually nothing else that will be effective.

Bronchial Asthma.—Dr. Edward Pepson, in the *British Med. Jour.*, speaks of his experience of more than forty years in the treatment of asthma. For the severe attacks he prescribes a preparatio containing grindelia, potassium iodide, nitroglycerin and tincture of euphorbia pilifera. For chronic conditions he recommends a combination of potassium iodide and magnesium sulphate, 5 grains of the former and one drachm of the latter, in an ounce of water, taken three times a day, two hours after a meal. It is necessary first to dissolve the magnesium sulphate in hot water before adding the potassium iodide; if the two salts are mixed without this precaution a solid mass will result. In addition to the drug treatment the writer always gives strict injunctions as to diet.

Senile Diabetes.—The difference between transient glycosuria and diabetes is only one of degree. In transient cases the urine will sometimes get sugar-free without treatment. When nephritis is complicated by diabetes or vice versa, I do not treat it, except by intestinal elimination. Treating one disease causes the other to become active and may terminate in a serious condition.

The elixir of iron, quinine and strychnine phosphates, now unofficial, works well clinically. Sometimes, especially if the patient has a bronzed condition of the skin, the mixture of two grains of pancreatin and sixteen grains of potassium carbonate to the ounce, works well in dram doses four times a day. Codeine has a good effect on many cases of diabetes in the aged. If there is any acidosis, a teaspoonful of sodium bicarbonate three or four times a day is indicated.

Diabetes in the aged differs from that in younger persons. What will cure a diabetic in the young will sometimes produce bad results in the aged. Treatment in most cases must be gradual and not vigorous. Acidosis rarely develops in aged patients.—*Med. Review of Reviews.*

Hospitals, Sanatoria, etc.

Bridgeton Hospital.

The repairs and improvements of this hospital have recently been completed. There have been added an emergency room; new maternity rooms well equipped and four private rooms.

Burlington County Hospital.

This hospital is the recipient of a bequest of \$500 in trust, by the will of the late Richard L. Ashurst.

German Hospital, Newark.

The main building of this hospital is being remodeled. The improvements, involving an expenditure of about \$25,000, will include a stucco finish on the exterior and extensive alterations to the interior of the building.

Overlook Hospital, Summit.

During the last year there were admitted to the hospital 988 patients, of which 480 were treated in private rooms and the other in wards. Of the ward patients about 250 were in the indigent class, paying nothing for the service they received. One hundred and sixty-one of this number were from Summit and the others came from twenty-two towns in other parts of the county, Chatham, Madison and points along the Passaic and Delaware division of the Lackawanna. The treatment of indigent patients, it is pointed out, represented 4,000 days of charity service at a cost to the hospital of more than \$11,000.

To show the growth of the institution, Dr. Gwynne pointed out that the number admitted in 1915 was 776 and in 1916 the figure was 904. In addition to the regular patients admitted to the hospital in 1917 there were also treated 1,800 out-patients.

Fire Damages Connecticut Insane Asylum.

A section of the main building of the Connecticut Hospital for the Insane, on the banks of the Connecticut River was burned on January 10th. All of the inmates—about 250 in number, it was stated—were removed in safety to other quarters.

Glen Gardner Sanatorium.

Ten inmates from the State Home for Boys at Jamesburg were sent to the sanatorium last month to aid in preventing a fuel famine. The coal supply is short, with little prospect of its being speedily replenished, and the squad of boys from the State home will be put to work cutting wood from the big forest on the reservation.

State Institution for Feeble-Minded Report.

The problems of caring for 5,000 feeble-minded persons in New Jersey, who it is declared should be in institutions, is one of the striking features in the annual report of the State Institution for Feeble-Minded at Vineland. Two plans of procedure are suggested. One is the development of the present institution to provide through the formation of colonies for the entire feeble-minded population of the State and the other is the formation of a second State institution in North Jersey with a capacity of 2,500 patients after the completion of the present institution. * * * Arguments advanced in favor of a second institution are that two-thirds of the State's population is represented in northern counties, the high rate of fare for visits to North Jersey patients in South Jersey institutions, stimulation of local interest through the presence of a State institution for feeble-minded and available State lands in the northern counties for free use. * * * In furtherance of a plan having for its object the ultimate care of all feeble-minded in the State, the report strongly urges development of the colony plan such as is now in operation in Burlington County. It is suggested that the colonies to be first established should be those within a short distance of the State institution. It is recommended that colony development should proceed throughout South Jersey, extending northward to finally include North Jersey, whose colonies could be administered either from a North Jersey institution or the South Jersey institution as may subsequently be determined.

Deaths.

ALBRIGHT—At South Amboy, N. J., January 4, 1918. Dr. John C. Albright, aged 60 years. Dr. Albright was born in Lower Mt. Bethel township, Northampton County, Pa., March 3, 1858; was educated in the public and private schools of his town and later became a teacher in the public school at Hampton, N. J.; began the study of medicine in 1883; entered the N. Y. University Medical College from which he graduated in 1887; began practice at Springtown, Warren County, N. J.; in March, 1893, he purchased the practice and the drug store of Dr. John Price at South Amboy, where he continued to practice until a few days before his death.

Dr. Albright was a member of the Middlesex County Medical Society, The Medical Society of New Jersey and the American Medical Association. He was at one time city physician and was school physician at the time of his death; he had also served as coroner. He was a member of St. Stephen's Lodge, No. 63, F. & A. M.; Court Raritan, No. 44, F. of A., and Joel Parker Council, No. 69, J. O. U. A. M. He was unassuming in manner, courteous to all he met and universally esteemed. He is survived by his second wife, one daughter, aged 10, and several brothers and sisters.

FLYNN—At Mount Holly, N. J., December 31, 1917, Dr. John J. Flynn, aged 60 years.

He was a member of the Burlington County Medical Society, the Medical Society of New Jersey and the American Medical Association.

See obituary note in the Burlington County Society report on another page.

KEOUGH—At Elizabeth, N. J., January 2, 1918, Dr. John William Keough, aged 57 years.

Dr. Keough graduated from the College of Physicians and Surgeons, New York City, in 1889; he was for several years a member of the staff of the Elizabeth Emergency Hospital.

LIVENGOOD—In the Elizabeth General Hospital, January 11, 1918, Dr. Theodore F. Livengood, of Elizabeth, from pneumonia.

Dr. Livengood was born in Salisburg, Pa., May 17, 1849; was educated in the schools of that town, later at the Millersville Normal School; he then taught in the schools of his native town, and later took up the study of medicine; entered the Medical Department of the University of Pennsylvania, from which he graduated in 1875; returning to his birth place, Salisburg, he began the practice of medicine, which he continued there for ten years.

In 1885 Dr. Livengood moved to Elizabeth; took over the practice of Dr. Bowen and has continued the practice there since; he was one of the oldest and most respected practitioners in the city. He was one of the most active members of the Union County Medical Society; was a member of the Medical Society of New Jersey—rarely absent from its meetings, and he was also a Fellow of the American Medical Association. He was also a member of the Clinical Society of the Elizabeth General Hospital. He was never happier than when attending his patients and was untiring in his devotion to his work. He was a man whose character was above reproach, a man clean in mind and language, of great kindness and absolute

honesty—a type of the fine christian gentleman. He was a member of the First Presbyterian Church of Elizabeth and was active in its service.

For twenty years he had been the physician of Court Washington Independent Order of Foresters and for several years examining physician of the Royal Arcanum. He had long been a member of the Masonic Order, having been a past master of Meyerdale Lodge of Meyerdale, Pa., and a member of Washington Lodge, No. 33, F. and A. M.

He is survived by his wife and one son—Dr. Horace R. Livengood, one of Elizabeth's leading physicians who is now lieutenant in the M. R. C., in charge of one of the hospitals at Fort Oglethorpe, Ga.

O'DONNELL—In St. Joseph's Hospital, Paterson, January 6, 1918, Dr. James O'Donnell, aged 50 years, of nephritis.

Dr. O'Donnell graduated from the Bellevue Hospital Medical College, New York City, in 1892, and practiced medicine many years in Paterson. He was visiting physician and assistant gynecologist of St. Joseph's Hospital. He was a member of the Passaic County Medical Society and of the Medical Society of New Jersey, and a Fellow of the American Medical Association.

DAY—At Mendham, N. J., January 23, 1918, Mrs. Marietta G. Day, wife of Dr. Harris Day of Chester, N. J.

Personal Notes.

Drs. Theo. W. Bebout and Frederick W. Flage have been appointed members of the Morris County Mosquito Extermination Commission by Supreme Court Justice Parker.

Dr. Reginald S. Bennett, Asbury Park, has been appointed Monmouth County Physician for three years at the salary of \$2,500.

Drs. Sylvan G. Bushey and Grant E. Kirk, Camden, have been elected directors of the Broadway Trust Co., Camden.

Dr. Henry O. Carhart, Belvidere, has been re-elected Warren County Collector.

Dr. Abram E. Carpenter, Boonton, recently was subjected to the fraudulent use of his name as an endorsement on a check for several hundred dollars.

Dr. Irving E. Charlesworth, Bridgeton, of the M. R. C., has arrived at Honolulu and was temporarily assigned to work at the Post Hospital, until the war gas apparatus arrived.

Dr. Edgar K. Conrad, Hackensack, was operated on for appendicitis in the Hackensack Hospital last month by Dr. Erdman of New York. He has returned home recovered.

Dr. G. Wyckoff Cummins, Belvidere, has been elected county and jail physician of Warren County.

Dr. Frank M. Donohue, New Brunswick, entertained the Rutgers Medical Club at his residence on the evening of January 11th and read a paper on "Loose Kidneys."

Dr. Matthew K. Elmer, Bridgeton, has been elected a director of the Cumberland National Bank.

Dr. Walter P. Glendon, Bridgeton, was elected a director of the Farmers' and Merchants' Bank.

Dr. Benjamin Gutmann, New Brunswick, who underwent treatment in the Middlesex Hospital for stomach disease, has returned to his home and resumed practice.

Dr. Fred S. Hallett, Hackensack, was recently re-elected jail physician.

Dr. Julius Levy, Newark, has been announced to deliver one of the free public lectures of the Harvard course in Boston April 28. He is to speak on "Food Administration During the War."

Dr. Stewart Lewis, Lakehurst, had an article in the Jan. 5, N. Y. Medical Record on "Body Flexibility."

Dr. John C. McCoy, Paterson, Major M. O. R. C., was recently appointed professor of clinical surgery at the University Bellevue Hospital Medical School, of New York City. Major McCoy is a member of the Bellevue Hospital unit which is shortly to embark for France. In addition to his rank he is also the chief surgeon of the unit. He will take up his duties as a professor in the university on his return from France.

Dr. G. Howard McFadden, Hackensack, was recently elected a director of the People's National Bank, of that city.

Dr. William E. Miller, Camden, has been elected a director of the Parkside Trust Co.

Dr. William E. Ogden, East Rutherford, was recently reappointed Bergen County Physician at salary of \$2,500 per annum.

Drs. David H. Oliver and Stacy M. Wilson, Bridgeton, have been elected directors of the Cumberland Trust Co.

Dr. Richard C. Newton, Montclair, whose paper on "A Plea for Greater Exactness in the Diagnosis and Treatment of Tuberculosis," printed in our October Journal, is honored by having it appear entire in the Medical Press and Circular, London, England, Dec. 19, issue.

Dr. O. H. Sproul, Flemington, was elected last month a trustee of the Hunterdon County Historical Society and Dr. M. H. Leaver, Quakertown, was elected a vice-president.

Dr. J. Willard Farrow, Dover, was recently elected a trustee of Morris Forest, No. 2, Tall Cedars of Lebanon.

Dr. Joseph M. Husted, Woodstown, has been appointed a medical inspector of Woodstown.

Dr. Frederick C. Webner, Newark, and wife spent a few days at Atlantic City, last month.

Dr. Norton L. Wilson, Elizabeth, was confined to his home by illness a few days last month, but has recovered.

Dr. Edward J. Ill, Newark, will deliver an address at the meeting of the N. Y. Obstetrical Society next month. It is also reported that he is to read a paper before the Medical Society of the State of New York in May.

Dr. Frederick W. Owen, Morristown, and daughter have returned home from their sojourn in New York City.

Dr. Fletcher F. Carman, Montclair, has opened offices in the Aldine Building, corner of Broad and Lombardy streets, Newark, from 2 to 5 P. M., for the treatment of stomach and intestinal diseases.

Dr. Paul O'Brien, East Rutherford, was recently ordered to report at Fort Monroe. He enlisted in the M. R. C. some time ago.

Dr. C. A. Rosenwasser, Newark, has resumed practice, with office in the Wiss Building, 671 Broad street.

Public Health Items.

Hackensack Board of Health.

The following appointments were made recently by the local health board: Dr. George W. Finke, health officer, at salary of \$500 per year; Drs. F. S. Hallett and E. K. Conrad, members of the Sanitary Committee and Dr. Conrad also chairman of the finance committee.

Baby Mortality in East Orange.

Though baby welfare work is now carried on in East Orange on a scale not attempted until about three years ago, the 1917 infant mortality rate in that city shows an increase over the two preceding years, according to the vital statistics section of the annual report of Health Officer Hall. Death under one year increased from sixty-two per 1,000 population in 1915 and 1916 to seventy-six per 1,000 last year. Mr. Hall explains that almost all the difference is due to causes operating before or at birth. "No greater arguments for the need of prenatal care can be advanced," he says.

Newark Department of Health.

The annual report for the year 1917 shows 6,205 deaths; the death rate was 15.3 per 1,000 population, that of 1916 was 16.5; the births numbered 11,814, the birth rate being 29.1 per 1,000, that of 1916 was 29.7. The greater number of deaths included under 5 years occurred under the one year period, totaling 1,038 deaths, making an infant mortality rate of 87.8 per 1,000 births, a decrease of 1.8 from 1916 rate. In 1917 there was a decrease in deaths from poliomyelitis, measles, bronchopneumonia, influenza, diphtheria and scarlet fever—850 to 304; while there was an increased number of deaths from whooping cough, epidemic meningitis, lobar pneumonia and bronchitis—from 681 to 811. The reportable diseases recorded numbered 19,628 in 1917, as compared with 20,409 in 1916. Lobar and broncho-pneumonia revealed increases; former 2,234 cases in 1917, and 1,577 in 1916; of latter 1,108 in 1917, and 1,056 in 1916.

BOOKS RECEIVED.

A Clinical Treatise on Diseases of the Heart for the General Practitioner, by Edward E. Cornwall, Ph. B., M. D., Attending Physician, Williamsburg and Norwegian Hospitals; Consulting Physician, Bethany Deaconesses Hospital; formerly Professor of Medicine, Brooklyn Post Graduate Medical School; Fellow of the American College of Physicians, The American Congress on Internal Medicine, and the American Medical Association; Member of the Therapeutic Society, etc. Published by Rebnan Company, New York, 1917.

This small book gives to the reader all that the author promises in his preface. It is a concise and orderly statement of the causes and symptoms of heart diseases and their interpretations, presented in a way to be understood and made of practical use. The author offers in the matter of treatment systematic guides in which the, generally neglected, subject of diet receives some of the precise attention it deserves. Frederick C. Horsford.

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RECENT ADVANCES IN NEUROLOGICAL SURGERY; ESPECIALLY IN THE DIAGNOSIS AND TREATMENT IN BRAIN INJURIES.*

BY WILLIAM SHARPE, M. D.,

Professor of Neurological Surgery, New York
Polyclinic Hospital and Medical School,
New York City.

The field of neurological surgery has so broadened during the past fifteen years as the result of the pioneer work of Horsley, Von Eiselberg and Krause, and in this country of Cushing, that a number of neurological conditions, which were formerly considered hopeless, are now amenable to improvement at least, and in some early cases even a cure may be expected. This advance has been due chiefly to earlier diagnosis, an improved surgical technique and surgical judgment, and to better team-work between the surgeon and the neurologist.

Earlier diagnosis of many intracranial conditions is now possible mainly as the result of the more general and intelligent use of the ophthalmoscope; it is now commonly recognized and appreciated that the condition of marked papilloedema and "choked disks" is the end result of pre-existing pressure signs observable in the fundus of the eye.* No longer is it necessary to wait until a measurable papilloedema occurs before it can be definitely stated that an increase of the intracranial pressure is present; besides the early fundal signs ascertainable by an ophthalmoscopic examination, the most accurate and definite test of an increase of the intracranial pressure is the lumbar puncture, using the spinal mer-

curial manometer; in this manner the ophthalmoscopic findings can be confirmed. Intracranial localization has been greatly facilitated by the most thorough neurological examinations, and yet in many cases the localizing signs are so obscured by the increased intracranial pressure that they can be easily overlooked and they may even be absent; the importance of examining these patients early is obvious. No patient should be allowed to develop a secondary optic atrophy and its resulting blindness while an effort is being made to localize the condition—an unimportant consideration in many cases; an early cranial decompression will save the eyesight and frequently the lesion can be localized later. Roentgen rays are of much assistance in diagnosing many cranial and spinal lesions; by this means, long-continued intracranial pressure signs may also be determined and frequently the site of the lesion indicated; a negative picture especially of the skull, however, means nothing and frequently the interpretation of apparently positive plates is most difficult and at times confusing. Naturally, in cranial and spinal injuries, the value of Roentgen rays is very great indeed, especially regarding accurate diagnosis, and yet the treatment of such conditions, particularly of brain injuries, depends upon the presence or not of an increased intracranial pressure, whether the skull itself is fractured or not; whereas in spinal injuries, the chief concern is whether the spinal cord has been irreparably damaged or not—the spinal fracture being of little importance neurologically so far as the treatment is concerned unless the vertebral dislocation is so great that the spinal cord must have lost its continuity.

An improved surgical technique especially regarding the team-work between operator and the assistants has been a large factor in lowering the mortality of neurological operations; not only in the

*Archives of Ophthalmology, Vol. XXVI., No. 4, 1917.

*Read at the Stated Meeting of the Academy of Medicine of Northern New Jersey, January 16, 1918.

rapid loss of blood avoided, the duration of the operation lessened and thereby the shock minimized, but the risk of infection is also proportionately diminished to a point practically nil. Naturally, intracranial operations should not be hurriedly done, but they can be quickly and at the same time smoothly and safely performed; there is surely no advantage to be obtained in prolonging the operation either on account of faulty technique or as a result of such a complicated technique that the final closure of the wound is delayed many minutes. It is rarely necessary for the team to consist of more than the operator, two assistants and a nurse; the anæsthetist is a most important member and many disasters in cerebral surgery have been due to faulty anæsthesia.

The third important factor in the progress of neurological surgery during the past decade has been due to a better understanding of the neurological condition at operation both by the surgeon and the neurologist at his side. Formerly, the surgeon knew little if any neurology, and the neurologist knew little if any surgery; the result was poor team-work and thus frequently the surgical judgment was not the best. Today the surgeon should have at least a practical knowledge of neurological principles—both anatomically and physiologically; naturally, a training in neurological pathology is most essential. In this manner a number of mistakes in surgical judgment may be avoided; if the patient cannot be benefited, by no means make the condition worse by an operation.

One of the most important aids to an increased knowledge of neurological lesions, particularly of the brain and of the spinal cord, has been the observation of the living pathology at operation, and if death should occur, then the careful study of the tissue itself at autopsy. During the past three years, a permission for autopsy has been obtained before operation in each case of neurological surgery (both ward and private patients)—no operation being performed unless the permission is given in writing—so that if death should occur, then we shall ascertain the cause of death, and also the accuracy of the diagnosis and the treatment for the benefit of future patients. Naturally, when an operation is advised, it is in the belief that the patient will not die, but if the patient should die, then it is absolutely essential for the benefit of other patients that we ascertain the cause of death in order that possible simi-

lar mistakes at least may be avoided. I know of no means so enlightening to the doctor regarding the accuracy of diagnosis, particularly of intracranial conditions, than the post-mortem examination; besides the benefit of such knowledge to one's future patients, there is a marked tendency for these examinations to make the doctor humble as to his real knowledge and to keep him in that mental attitude.

If neurological surgery consisted chiefly in the removal of brain tumors it would be indeed a most discouraging field of endeavor. As you know, almost 80 per cent. of tumors of the brain are malignant and even though a surgically successful removal of the tumor is possible, yet the end results are the same—the pitiful condition of the patient is merely prolonged; the severe headaches, however, and the impairment of vision are thus temporarily relieved and even prevented by an early operative removal of the tumor. No patient should be allowed to become impaired visually from the increased intracranial pressure due to the growth of an intracranial tumor merely because the tumor cannot be located. These patients all should have an early decompression to relieve this increased intracranial pressure so that the vision will be spared, and then if the tumor does locate itself, a successful removal of the tumor may be possible and yet the patient is not blind; I wish to emphasize this point as it is most discouraging to operate upon these patients with brain tumor who have become blind.

Tumors of the spinal cord, on the contrary, are much more favorable in that there is less liability of their being malignant; they can be more accurately located and are much more accessible surgically. The operation of laminectomy has become much less formidable within the past few years so that an exploratory laminectomy of a suspected spinal cord tumor should always be advocated early in order to anticipate any permanent damage of a compression transverse myelitis. The frequency of dural tumors of the spinal cord is most hopeful.

The condition of brain abscess has always been a most grave one. It usually results from an otitis media with its subsequent involvement of the mastoid; the usual site is the contiguous temporo-sphenoidal lobe, and less frequently the adjacent cerebellar lobe. As lesions of the cerebellum can be much more accurately diagnosed than those of the temporo-sphenoidal lobe,

therefore, if we can rule out a cerebellar abscess, then the site must be the temporo-sphenoidal lobe—a comparatively silent area of the brain, especially the right lobe in right-handed patients. Formerly the otologists in cases of suspected abscess of the temporo-sphenoidal lobe would puncture the dura in search of the abscess through the "dirty" infected field of the mastoid; as all operations for brain abscess are really exploratory procedures, it is distinctly unsurgical to open the clean sub-dural spaces and to puncture the cerebral cortex itself through an infected area; if the abscess is not located (and this frequently happens), then the patient runs the big risk of a resulting meningitis and thus the usual occurrence—the exitus of the patient. Besides, the dura should not be punctured blindly with a knife or puncture needle, unless the dura has been opened so that it can be clearly ascertained whether an underlying cortical vessel is present or not; many disasters from the resulting hemorrhage have frequently occurred from such procedures. It is much more rational surgically and a much better exposure is obtained to locate the abscess if the operative incision is made through the "clean" sub-temporal area, just as in a sub-temporal decompression—the vertical incision naturally being used; if the abscess is found, then it can be satisfactorily drained through the lower angle of the incision at the base of the skull; and if the abscess is not found, then at least a decompression has been performed so that the intracranial pressure is relieved until the abscess may locate itself clinically, and the great danger of a meningitis and infective meningo-encephalitis has been avoided. In my series of brain abscess cases there are a number of them which I am sure I should have missed surgically if I had not used the better exposure of the sub-temporal route.*

The condition of cerebral spastic paralysis occurring in children is a most interesting study. In 1843, Mr. Little of London in his first monograph upon this subject, stated that these cases were due to a lack of development of the cerebral tissues and also to an earlier meningitis; he did mention, however, that this condition apparently followed in some cases of difficult and prolonged labor with or without the use of instruments, and were undoubtedly, in his opinion, due to an intracranial hemorrhage; it is very interesting to note that in his sec-

ond monograph upon this subject nineteen years later, in 1862, he states that, in his opinion, three-fourths of these cases of cerebral spastic paralysis in children are due to hemorrhage. These observations have been confirmed recently by more modern methods of diagnosis; it was formerly believed that hemorrhage in these cases caused a primary destruction of brain tissues,—therefore no regeneration was possible and thus an operative procedure would be of no value in treating the condition. Within the last five years I have had the opportunity of examining and treating personally almost 1,400 children having the condition of spastic paralysis.* By the more accurate methods of differentiating the ones due to hemorrhage from those hopeless cases due to a lack of development and to a former meningo-encephalitis for which nothing really can be done, it is now possible to diagnose the ones due to hemorrhage from these two conditions by means of careful ophthalmoscopic examinations of the fundi of the eyes and by a measurement of the pressure of the cerebro-spinal fluid at lumbar puncture by means of a spinal mercurial manometer; if the ophthalmoscope reveals the signs of a definite increase of the intracranial pressure and those observations are confirmed by the spinal mercurial manometer (the normal pressure of the cerebro-spinal fluid being 5 to 9 mm.), then we have an increased intracranial pressure and if this pressure is relieved permanently by a sub-temporal decompression and its modifications according to the condition of the underlying cortex as ascertained at operation, then a definite improvement results in these cases, both physically and mentally. In this series of almost 1,400 cases there was increased intracranial pressure in about 20 per cent., that is, in about one out of every five cases examined, and these are the ones and only the ones that can be benefited by an operative procedure; I have now operated upon 208 of these children with a mortality of 28 patients (that is 9 plus per cent.), and the results have been very encouraging; naturally, the younger the child, the better the prognosis—the first few days of life being the ideal time for the operation, although most of the children have been between four and six years of age; the oldest patient, however, was 23 years of age and a slight improvement resulted. Naturally,

*New York State Journal of Medicine, October, 1916.

*The Laryngoscope, St. Louis, March, 1914.

a sufficient period of time has not yet elapsed for us to ascertain the ultimate condition of these patients following operation, but their improvement has been so uniform and continuous in the young children and the pathology of the condition being a hemorrhage *upon* the cerebral cortex and not *in* the cortex itself (in only 16 cases was the hemorrhage in the cortex or beneath the cortex), so that both the physical and mental impairments are merely the secondary results of the increased intracranial pressure due to this supracortical hemorrhage.

The condition of hydrocephalus has been a very interesting one in that it has now been ascertained that the type of internal hydrocephalus is comparatively infrequent and that the type of external hydrocephalus is the usual condition in those cases. They both result from an earlier meningitis (if we exclude those cases of internal hydrocephalus due to tumor formation at the base) and the condition is therefore a diffuse one; if the ventricles are blocked by adhesions or exudate in the aqueduct of Sylvius or at the foramina of Majendie and Luschka, then at internal hydrocephalus occurs, but if no such blockage is present, yet we shall have produced an external hydrocephalus because the cerebro-spinal fluid cannot escape from the cerebro-spinal canal through the blocked stomata of exit in the cortical veins, sinuses and lymphatics. The methods in the past, and occasionally now advocated of connecting the ventricles with the sub-dural spaces by means of tubes are therefore of little or no value in the treatment of this condition; even though the lumen of the tube should remain patent (and it rarely does), and even if the condition is one of internal hydrocephalus (which is much more rare than that of external hydrocephalus), yet such an operative procedure will merely be changing the condition of internal hydrocephalus to one of external hydrocephalus and therefore little or no improvement can be expected. The method recently used for draining the ventricles in cases of internal hydrocephalus and of draining the sub-arachnoid and sub-dural spaces in cases of external hydrocephalus by means of linen strands is a much more rational procedure surgically than any of the methods used in the past, and its results have been very satisfactory; in my last report of 41 cases the mortality had been only thirteen patients.*

The condition of brachial plexus injury causing the so-called brachial birth palsy is the result of trauma to the plexus due to an over-stretching of its nerves by a forceful separation of the head from the shoulder at birth. Undoubtedly if the plexus has not been completely severed, then many patients recover from the temporary paralysis of the arm, but in those children where the over-stretching has been so severe and even to a point of a loss of continuity of the nerve fibres, then a permanent paralysis of more or less degree will result unless the scar tissue resulting from the hemorrhage in and about the plexus is removed and the ends of the torn nerves are anastomosed by an operation. If the arm is completely paralyzed at birth so that not even the upper arm or the fingers can be moved, then the ideal time for the operation is at one month of age (no anæsthesia being necessary); if, however, the fingers or the upper arm can be moved slightly at birth, then we should wait until three months of age, and if no marked improvement has occurred within this time, then the operation should be performed. In these children, I usually have the mother bring the child to the hospital in the morning, operate upon it, and then have the child taken home in the afternoon. The operation is not a difficult one technically, and there has been no mortality in a series of 104 cases.* These patients should not be allowed to reach the age of six years and even older without an attempt being made to improve their condition by an operation; the best results have been obtained in children under one year of age.

In fractures of the spinal column I feel that unless we can prove absolutely that there is a complete severance of the spinal cord or that the spinal cord has been irreparably contused, that we should give the patient the benefit of an exploratory laminectomy within a short time after accident in order to remove any bony compression, hemorrhage or œdema of the spinal cord, and thus increase the patient's chances of a greater ultimate recovery of function. So frequently in patients whom we consider to have suffered a complete severance of the spinal cord with complete loss of sensation and motion below the site of the injury, that after three months, six months and even longer they begin to recover their sensation

*American Journal of the Medical Sciences, April, 1917.

*Journal of the American Medical Association, March 18, 1915.

and also motion of the extremities formerly completely impaired; these patients are those upon whom an early laminectomy should have been performed and thus the ultimate improvement would have been much greater than can be obtained at this late date. The operation of laminectomy is no longer the formidable operation of the past and its use should be much more frequently advocated than at present; these patients are most pitiful ones—the end result, unless something can be done for them, being but a miserable existence of a few years.

The diagnosis and treatment of brain injuries has advanced most rapidly within the last few years. The clinical symptoms and signs are so varied and frequently so confusing in these patients that it is a most fascinating field; apparently in many cases the more extensive the fracture of the skull, the less seriously is the brain injured, and on the contrary, the most dangerous of brain injuries are frequently not even associated with a fracture of the skull. As is well known, the fracture in these cases (if we exclude depressed fractures of the vault which should always be elevated or removed), is possibly the most unimportant part to be considered in the treatment, whereas the presence of a marked increase of the intracranial pressure, with or without a fracture of the skull, should immediately cause the patient to be withdrawn from that large group of patients properly treated by the expectant palliative method, and the advisability of an early operative procedure to relieve the increase intracranial pressure should be considered.

During the three years, 1913, 1914 and 1915,* I examined and treated personally 239 adult patients having acute brain injuries, with or without a fracture of the skull; in only 79 of these 239 patients (that is 34 per cent.), were there marked signs of an increased intracranial pressure, and therefore only these patients were operated upon to relieve this increased pressure, whereas the remaining 160 patients did not show definite signs of an increased intracranial pressure and were therefore treated by the expectant palliative methods of absolute quiet, ice helmet and cartharsis; if in shock, then the routine treatment of shock. It is thus seen that only one-third of the patients having brain injuries, with or without a fracture of the skull, were operated upon, and approximately this same ratio

has continued during the past year. It is this careful selection of patients, not only in regard to the advisability of an operation or not, and if indicated, then the type of cranial operation used, but of the greatest importance—the ideal time for performing the operation—these factors have made it possible to lower the mortality of fractures of the skull from the average of 50 per cent. of most hospitals to 30.7 per cent. at the Polyclinic Hospital, and if we exclude the moribund patients dying within three hours after admission to the hospital from shock, internal injuries and in many cases the fracture of the skull being but an incident in the patient's general condition, the mortality is lowered to only 19 per cent.

In the treatment of brain injuries, with or without fractures of the skull, if the patient is allowed to develop definite paralysis, a lowered pulse-rate, Cheyne-Stokes respiration and pulse and that appalling group of extreme intracranial pressure signs, then I agree entirely with the opinion so commonly now held that these patients "get along" just as well without operation as with operation at this late stage—the mortality being 50 per cent. and over; but the patients with brain injuries should not be allowed to reach this dangerous stage of medullary compression due to the high intracranial pressure—it should be anticipated by accurate diagnostic methods now known and if a marked increase of intracranial pressure is ascertained, then an early relief of it should be advised, not only to save the life of the patient but to lessen the post-traumatic conditions of changed personality either of the excitable or the depressed type, persistent headaches, early fatigue, occasionally epilepsy and that long train of post-traumatic conditions in brain injuries and due, in the majority of cases, to a prolonged increase of this intracranial pressure.

Besides the lowered pulse- and respiration-rate which are comparatively crude signs of intracranial pressure and if of the irregular Cheyne-Stokes type, then most late signs of extreme intracranial pressure with its resulting medullary compression, the two most valuable procedures for determining a definite increase of the intracranial pressure are the examinations of the fundi of the eyes with the ophthalmoscope and the measurement of the pressure of the cerebro-spinal fluid at lumbar puncture by means of the spinal mercurial manometer.

Although it is rare for a measureable

*Journal of American Medical Association, May 13, 1916.

papilloedema and "choked disks" to occur in these cases of traumatic intracranial lesions, with or without a fracture of the skull, yet the earlier and therefore milder degrees of an oedema of the optic disks should be most carefully "watched for" with the ophthalmoscope as being one of the accurate signs of a definite increase of the intracranial pressure; the ophthalmoscope and especially the direct method is a most valuable means in the diagnosis of cranial lesions. Rarely do these fundal examinations reveal an increased intracranial pressure within six hours after the head injury; this is due to the pressure of shock in these patients who later exhibit the marked signs of intracranial pressure; as head injuries are usually accompanied by shock of varying degrees, naturally in these cases the blood pressure is low so that even if a large intracranial vessel was torn, yet there could be only a comparatively small amount of hemorrhage because the resulting increased intracranial pressure would soon be greater than this lowered blood pressure of shock, and therefore the bleeding would cease; however, as the patient recovered from the condition of extreme shock, then the blood pressure would rise, and now more bleeding could occur intracranially until the intracranial pressure would again equal the lowered blood pressure; finally, if the patient survived this condition of shock, then the blood pressure would be continuously greater than the intracranial pressure, so that this resulting increased intracranial pressure would produce its characteristic signs in the fundus of the eye—a dilatation of the retinal veins, and an oedematous blurring of the nasal halves, and if still higher, then an oedematous obscuration of the temporal halves of the optic disks; a measureable papilloedema and "choked disks" occur in these cases only when the intracranial pressure is extreme, due to a large intracranial hemorrhage of slow formation, such as the extra-dural middle meningeal type—just as the in brain tumors or when the ventricles are blocked, producing an internal hydrocephalus; naturally, if the intracranial hemorrhage forms very rapidly and of large amount, the patient usually dies within a couple of hours so that "choked disks" have very little time to be produced; again, the shock following head injuries usually lasts for about six hours in the patients who survive, and therefore it is rare within these first six hours for the ophthalmoscope to reveal definite signs of an increased intra-

cranial pressure; it may be also noted that the patients who do not survive the condition of shock—they usually die within the first six hours. It is, therefore, of the greatest importance to recognize these early signs of increased intracranial pressure by repeated ophthalmoscopic examinations and to realize that these oedematous blurrings of the optic disks are more than being merely within physiological limits; it is true that in cases of myopia there is normally an obscuration of the disk outlines, but these patients can be excluded by the second and following test which should always be performed.

The most accurate means now known for ascertaining the presence or absence of an increased intracranial pressure is the measurement of the pressure of the cerebro-spinal fluid at lumbar puncture by the spinal mercurial manometer. It is similar to a blood pressure apparatus, as safe as a lumbar puncture when properly performed, and by it the varying degrees of intracranial pressure can be carefully recorded. The normal pressure is 5-9 mm. of mercury, so that if a pressure higher than 15 mm. is obtained at lumbar puncture, then we know that the signs of intracranial pressure, as shown in the fundus of the eye, are confirmed. This method of estimating intracranial pressure is most important in the differentiation of the intracranial condition of spastic paralysis due to hemorrhage at birth from those other causes of the so-called Little's disease. In other intracranial conditions producing the extreme stages of papilloedema and "choked disks," and even their end results of secondary optic atrophy, as in neglected cases of brain tumor, naturally it is not necessary to confirm the ophthalmoscopic findings in order to make a diagnosis of an increased intracranial pressure. If, however, in these traumatic lesions of the brain, we must wait until a "choked disk" results from extreme intracranial pressure in order for us to state that the intracranial pressure is high, and if we must wait for the pulse-rate to descend to 60 and below, and the respiration and pulse to assume the irregular Cheyne-Stokes character of medullary compression, then undoubtedly the mortality of these patients will be 50 per cent., and even higher. Patients should not be allowed to reach this dangerous stage of medullary compression—this stage should be anticipated—and it can be by repeated ophthalmoscopic examinations and the measurement of the

pressure of the cerebro-spinal fluid at lumbar puncture.

In selected cases of mild intracranial pressure due to trauma, very frequently the convalescence can be shortened, the headaches relieved and the general condition of the patient greatly improved by lumbar puncture and, if necessary, repeated lumbar punctures; not only will the œdematous "wet" condition of the brain be drained in this way, but a prolongation of the increased pressure be avoided and therefore the definite danger of post-traumatic conditions, so common in these cases, be lessened. Naturally, this method is only applicable to mild selected cases and lumbar puncture should never be advocated as a means of drainage in patients having high intracranial pressure or in sub-tentorial lesions for fear of a consequent medullary compression in the foramen magnum.

We now come to the most important and the difficult question in the treatment of brain injuries with or without a fracture of the skull: "If an operation is advisable, when should it be performed?" This question can more easily be answered by stating the two periods when the operation should *not* be performed. Naturally, we must exclude the majority (about two-thirds) of fractures of the skull who do not have a definite increase of the intracranial pressure and therefore no operation is indicated. (The depressed fractures of the vault naturally should always be elevated or removed).

The two periods in which an operation is distinctly contra-indicated in cases of brain injury, are, first, the condition of severe shock in the very beginning, and secondly the condition of medullary collapse—the death knell of the patient. To advise a cranial operation upon a patient—no matter how badly the skull is fractured, nor how extensive the intracranial hemorrhage seems, and that the patient is in the condition of severe shock with a pulse-rate of 120 and higher, then the operation at that period of shock takes away whatever chance the patient may have of surviving the shock; the operation is but an added shock and merely hastens the exitus. No patient having a brain injury should be operated upon in this condition of shock; the mortality is most high and if a patient does recover from an operation in this period of extreme shock, then he recovers *in spite* of the operation. Cranial operations for brain injuries in this stage of shock were frequently performed and most dis-

astrously, and thus operations were almost discredited in the treatment of brain injuries. The natural reaction following these early operations in the period of severe shock was to wait until there could be no possible doubt that the patient was going to die, unless, as was thought, a cranial operation was performed; that is, the patient was permitted to reach the period of extreme medullary compression—a pulse rate of 50 and below, irregular Cheyne-Stokes respiration and pulse and profound unconsciousness, before a cranial operation might be considered. This is a most dangerous stage for the patients to reach, and it is doubtful whether recovery can occur even with an operation at this period—the mortality being very high. But if the patient has struggled through this period of medullary compression, and finally reaches the stage of medullary œdema, when the pulse-rate begins to ascend quickly to 120 and higher, respirations become rapid and shallow—that is, the stage of medullary collapse, then we have the second period when no patient should be operated upon—they all die—operation or no operation. I feel that if these two extremes can be avoided and the latter of these, medullary collapse, can certainly be anticipated in the operative treatment of brain injuries and their signs cannot be overlooked, that the rational treatment from an operative standpoint depends upon the presence or not of a definite increase of the intracranial pressure whether there is a fracture of the skull or not; in some of the most serious cases no fracture was present—either to be ascertained at operation in the operated cases, or at autopsy. The aid of the x-ray is important in the treatment of these traumatic cases only in patients with doubtful depressed fractures of the vault, and in latent fractures of the skull, where the bump is so apparently trivial that the patient might not be so carefully examined and treated as the condition would warrant. On the contrary, no patient with high cranial pressure should be obliged to wait "over night" or for a period of hours merely to secure an x-ray picture of the skull; it is of no importance in the treatment of these acute intracranial lesions whether a fracture is present or not; if there is a high intracranial pressure, as shown by the ophthalmoscopic examination, and by the measurement of the pressure of the cerebro-spinal fluid at lumbar puncture by the spinal mercurial manometer, then a cranial operation is indicated to relieve this increased intracranial pressure both by

enlarging the intracranial cavity and by the drainage of possible hemorrhage and cerebro-spinal fluid; it is not so much a question of removing the hemorrhage as it is of lessening the increased intracranial pressure—whether that pressure is due to hemorrhage or oedema—the operative indication is the same; many cases of head injuries at autopsy have revealed no hemorrhage at all—merely a “wet” oedematous swollen brain, but sufficient to cause medullary compression and the death of the patient.

If an operation is considered advisable to relieve the increased intracranial pressure, then the operation of choice is the sub-temporal decompression and drainage;* if there are no definite localizing signs of the intracranial lesion, then the decompression should always be performed on the right side in right-handed patients in order to lessen thereby any possible operative damage to the adjacent motor speech area of the left cerebral cortex. In these cases, it is not so important to remove the hemorrhage as it is to offset its pressure effects. In cases of depressed fracture of the vault showing definite signs of a high intracranial pressure, it is better surgical judgment to precede the elevation or removal of the depressed area of bone by a sub-temporal decompression, so that when the depressed bone is removed, there will be little or no danger of the underlying cerebral cortex being damaged by its protrusion through the bony opening; as the sub-temporal decompression exposes a comparatively silent area of the grain—a portion of the temporo-sphenoidal lobe—its protrusion and possible damage would not appear clinically, whereas a partial paralysis, impairment of sensation or of vision might occur, and frequently does result from operations performed over the more highly developed areas of the cerebral cortex. Besides, the sub-temporal route provides not only an excellent exposure of the middle meningeal artery and that portion of the brain so frequently involved in fractures of the skull, but it affords drainage to the middle fossa of the skull—the chief intracranial cistern—at its lowest point at the base of the skull; again, the thinness of the squamous portion of the temporal bone makes the operation a less difficult one technically. The vertical incision (and not the usual curved incision) should be used not only to render the operative hemostasis more effective in that the

trunk of the temporal artery is ligated at its lowest point at the very beginning of the operation and therefore there is no bleeding from its branches, but this incision also permits the removal of the underlying squamous bone as far as is possible beneath the temporal muscle—and yet the attachment of the temporal muscle to the parietal crest is left intact so that a firm closure of its separated muscle fibres is assured; this is a most important point in cases of high intracranial pressure as in brain tumors where a cerebral hernia or fungus might result from an imperfect closure of the temporal muscle. The insertion of silver and celluloid plates and other foreign bodies beneath the scalp is to be most strongly condemned.

If the intracranial pressure is so high that the cerebral cortex tends to protrude through the bony opening, it is frequently wiser in selected cases to perform a similar operation upon the opposite side of the head immediately after the first operation; I have been obliged to do this in only five per cent. of the patients; they are the ones having a swollen oedematous brain, water-logged as it were, where the drainage of blood and cerebrospinal fluid is slight and not sufficient to cause a marked decrease of the intracranial pressure; in some doubtful cases, it is better judgment to wait for one or two days and even longer—before the second operation is considered advisable. The rubber tissue drains are usually removed on the first or second day post-operative, and the hospital convalescence ordinarily requires at least two weeks. Naturally, these patients should not enter into their former active life for a period of three months and even longer; a too early return to the strain and stress of modern life predisposes them to many complaints—both subjective and objective; repeated examinations of the fundus of the eye and of the superficial and deep reflexes are here most important in estimating the physical normality of the patient.

The end results of patients having brain injuries with or without a fracture of the skull have been an interesting study. It has become quite a common belief that once a man has had a fracture of the skull and then recovers, he is never the same person again. In 1912, I examined the records of three of the large hospitals of New York City during the decade of 1900-1910; the mortality of fractures of the skull was 46-68 per cent.;—the mortality of the patients operated upon was 87 per cent.;—this high per-

*American Journal of the Medical Sciences, April, 1915, No. 4, Vol. CXLIX.

centage, due undoubtedly to the operation being postponed until the extreme stages of medullary compression and œdema, and also to the fact that the operation performed was the "turning down" of a bone flap—a much more formidable procedure than a decompression—and then the bone replaced so that even the benefits of a decompression were prevented; besides, in many cases, the dura was not opened, and as the dura is inelastic in adults, therefore no adequate relief of the pressure could possibly be obtained. Of the patients, however, who were finally discharged as "well" or "cured," I was able to trace only 34 per cent., but of these 34 per cent. of the total patients found, 67 per cent. of them were still suffering from the effects of the injury—that is, two-thirds of them were not as well as before the injury; the chief complaints were persistent headache, a change of personality of the depressed or of the excitable type and thus emotionally unstable, early fatigue making any prolonged mental or physical effort impossible and thus the inability to work; lapses of memory, spells of dizziness and faintness, and even epileptiform seizures in a small percentage of them. In examining the hospital records of the patients having these post-traumatic conditions, it was most interesting to ascertain that these were the patients—and there were but few exceptions—who regained consciousness gradually after several days and remained in the hospital for a period of four weeks and longer, whose charts made frequent mention of the severe headache and a low pulse rate of 60 and in some cases below 60—that is, the usual clinical signs of an increased intracranial pressure; an ophthalmoscopic examination had rarely been made. Many of these patients still showed the results of the increased intracranial pressure in their fundi and at lumbar puncture, and these were the ones upon whom a cranial decompression even at this late date caused a marked improvement; the operative findings were always associated with a "wet" swollen oedematous brain; many of the so-called post-traumatic neuroses are, in my opinion, frequently superimposed upon this definite organic basis as the result of the brain injury. The treatment, therefore, of brain injuries should not be limited merely to the recovery of the patient as far as life is concerned, but it should also be directed toward obtaining a normal individual—approximating as closely as possible the condition of the patient before the injury.

Besides these neurological conditions frequently benefited by operative procedures, there are still other ones in this field that can be only mentioned in the present paper. The excellent results obtained in those cases of persistent trifacial neuralgia which, finally, after the failure of all medical efforts, have had the posterior root of the Gasserian ganglion severed, are possibly the most dramatic; the surgery of the peripheral nerves has also made a marked advance within the past few years and especially is this true of the operative treatment of selected cases of facial paralysis. Of the other neurological conditions amenable to surgical treatment, this work is still in the experimental stage.

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NEPHRITIS IN INFANCY.*

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The subject for this evening is nephritis in infancy. My interest in infantile nephritis was roused by the illness and death of an infant of seven weeks, under my care, from acute primary nephritis. There is almost no mention of nephritis in infants in the standard books on children's diseases, so it seemed worth while to report this case.

C. E. was born April 8, 1916, a very easy labor, with normal head presentation, and cried immediately on birth. The baby weighed 6¾ pounds, and was a perfectly developed male child. The mother was 34 years old, a nervous, hard working housewife. She had two normal healthy children, aged eight years and twelve years old. Four years before the birth of this child she had an abdominal operation, and a cystic ovary was removed, and one year later she was delivered of a macerated, seven months foetus. She developed localized pelvic peritonitis following this miscarriage and was ill six weeks. Her other pregnancies were normal as was this one. The urine, while she was carrying this baby contained no albumin or casts. She did not nurse her other children because she did not want to, but she started to nurse this baby. Both mother and child had an uneventful puerperium. The baby was not jaundiced. For over seven weeks the baby was perfectly well and healthy, except that it had occasional attacks of abdominal colic due to the mother's eating acid fruits.

*Read before the Orange Mountain Medical Society, November 16, 1917.

The mother was very watchful and careful with the baby. He never vomited, and his bowels moved regularly and naturally, the stools were perfectly digested.

On May 31st I was called in to see the baby because it did not act well and was crying hard. The mother said "that for the last few days its diapers had been stained red by urine." In answer to my inquiries she said "she had often tried to give the baby water either by spoon or by the bottle, and it had always refused." For the past twenty-four hours it had had several loose movements which contained curds, and it had an occasional hard cough. I found a healthy-looking, well-nourished baby, weighing $9\frac{1}{2}$ pounds, with firm muscles, noticing things quickly. The temperature was normal. The crying appeared to be due to distention of the abdomen, so I ordered a laxative. Two days later the mother sent for me again; she said "that the baby had seemed better the day before, but during the past night it had cried very hard, and she had found the feet were badly swollen." It had not vomited for twelve hours. Its cough had disappeared. The bowels had moved several times, and the movements were slightly greenish and contained curds. The babe appeared very pale and acutely ill. The feet were markedly swollen. Temperature 98.8° , pulse 120, and the respirations 30. The chest was clear and the heart sounds were normal, there was no sign of congenital heart disease. The mother was sure the baby had not been exposed to cold in any way. The other children were perfectly well and there had been no cases of contagious diseases in the neighborhood all winter. She was positive she had eaten nothing that would upset the baby and she was in good health. Nevertheless, because no other cause for the upset could be found the baby was taken off the breast and given barley water. A very small dose of sweet spirits of nitre was ordered every hour. During the next twenty-four hours the baby voided twice, small amounts, staining the diaper. Its movements became dark brown and the curd disappeared. The oedema of the legs remained the same. In order to stimulate the kidneys a colon irrigation was given and small amounts of saline instilled into the rectum every four hours. Half an ounce of boiled milk was added to each three-ounce bottle of barley water. The child took the food very well without vomiting.

The next day, June 4th, the child became very oedematous everywhere. The

legs were very markedly swollen and shiny. The scrotum and penis were acutely distended with fluid. The abdominal wall, arms and face were oedematous. The child continued to void small amounts of urine at long intervals, which stained the diapers. The temperature was normal, the pulse 160, the respirations more rapid. On June 6th, after many attempts a small specimen of urine was obtained. The urine was dark, smoky, with a reddish tinge, and contained a very large amount of albumin, numerous hyaline and epithelial casts and red blood cells. The amount was insufficient to take the specific gravity. The diagnosis of acute nephritis was made. The child's condition was much the same except that at times it had severe spasmodic attacks of difficult breathing, which appeared to be due to oedema of the glottis. Its breathing was shallow with a slight expiratory grunt, fifty times per minute. The lungs remained clear and the heart normal. He was given infusion of digitalis, minims 10 every 3 hours (and put on boiled skimmed milk, one ounce to two ounces of water). During the next few days it seemed to improve, the urine became more abundant and of a lighter color, and the oedema of the body and scrotum was somewhat less. The child was at times bright and active with a vigorous cry. The pulse became somewhat slower, down to 120. However, it had the spasmodic attacks of difficult breathing more frequently. The temperature remained normal, only once going up to 100 p. r. The chest remained clear, the bowels moved daily and contained a few curds and later became green.

By June 12th the child seemed weaker and was very drowsy; it would only take half an ounce of food at a time, though it seemed hungry. This was partly due to weakness and partly due to choking because of the oedema of the glottis. It voided less frequently, though the diapers were at times very wet, and the urine was lighter in color. Examination of the urine showed again the presence of large amounts of albumin and many hyaline, granular and epithelial casts. June 13th the child had many attacks of severe choking and very difficult respiration which was relieved by hot compresses to the throat. It was much weaker, slept most of the time, took almost no food. The temperature shot up to 103° , the pulse was 160, and the respirations were 72. The oedema was everywhere present, though less marked. He died suddenly of cardiac failure, June 13th, two

weeks from onset, aged nine and a half weeks.

Unfortunately no autopsy was obtained, but the picture of acute onset of oedema with almost complete anuria and the presence of much albumin and many casts and red blood cells, is a classical picture of acute nephritis. I am at a loss to find the etiology in this case. The slight cough at onset points to the possibility of an influenza infection, but the cough was so transient that it seems hardly probable. The slight intestinal upset at onset may possibly have been a factor in causing the kidney lesion. The history of birth of a seven months, macerated foetus suggest the possibility of syphilis. No history of syphilis can be obtained. The other two children are healthy. In May, 1917, the mother gave birth to another baby. It is a perfectly normal baby, aged six months, fed on the bottle. No Wassermann examinations were made and syphilis cannot be ruled out. It seems as if this case should be classed with the rare cases of primary nephritis of infancy.

The urine was obtained by an ingenious apparatus designed by the father. A rubber finger cot was placed on the penis and held there by a band passing around the body. A cork was fitted into a hole in the tip of the finger cot, a hole was made in the cork through which a catheter was placed. The other end of catheter was in a bottle, to catch the urine.

My interest in this subject has led me to study the urine of infants in general. The first urine passed after birth is clear; for the remainder of the first few days of life it is cloudy, due to epithelial cells and uric acid salts. The urine of the newborn is highly colored, strongly acid, with a specific gravity 1010-1012. By the fourth day it becomes lighter, faintly acid, and the specific gravity drops to between 1003-1007, and thus it remains during the first six months of life. Twenty to fifty c.c.'s of urine are passed daily for the first three days; one hundred c.c.'s are passed on the fourth day and afterwards.

Carpenter in an article in the *British Journal of Children's Diseases*, 1907, found albumin present in small amounts in the first few days of life in twenty-eight out of ninety cases. Hyaline casts were not uncommon; granular casts were occasionally found. Martin Ruge reports casts present in the urine of fourteen out of twenty-four infants under one week old.

Albumin and casts should disappear at the end of one week. Various theories, none altogether conclusive, have been advocated for the cause of albuminuria in the newborn, such as: changes in the circulation at birth, hyperæmia due to changes in metabolism after birth, uric acid irritation, and renal disease in the mother. Albumin occurs proportionately as frequently in infants whose mothers are normal as it does in infants whose mothers have nephritis or eclampsia. Some observers regard this albumin as physiological. Sugar is occasionally found in the urine during the first month of life and is of no significance. Indican is found on the third or fourth day occasionally, more often in bottle-fed than breast-fed children. There is a high phosphorus excretion in the urine of the newborn which diminishes markedly on the third day. There is a moderate nitrogen retention during the first three days of life.

The uric acid output in the urine is higher the first few days of life than at any subsequent period, and a brick dust deposit of uric acid crystals is frequently found on the napkins; after the third day much less uric acid is secreted. It has been found that in cases in which the cord is ligated late there is more uric acid output than when the cord is ligated immediately after birth. Even before birth, and more often from the second to the twenty-third day, infarcts of uric acid are frequently deposited in the kidneys. They are present in forty per cent. of the autopsies performed in the first two weeks of life. Autopsy examinations of the uriniferous tubules show yellowish red, or brownish, spherical or angular bodies, in such quantities as to be considerable deposits. When these are discharged in life they cause stains on the napkins; they may be accompanied with blood. Jacobi says that he has "frequently seen violent spasmodic pains in infants, accompanied at times by erections and possibly by convulsions, which are suddenly relieved, usually by urination." This he believes to be due to gravel. Most cases of nephritis in the very young give a history of dysuria, and deposits of brick dust on the napkins. Jacobi believes this condition can be relieved by feeding the child very weak cereal food and water between nursings. Jacobi found renal calculi present in six out of forty post-mortem examinations of infants. Probably many calculi discovered in adult life have originated in infancy. Some surgeons advise x-ray pictures in cases of finding gravel in infant

urine to determine the possible presence of calculi.

Nephritis in infancy may be primary or secondary. Primary cases are much more uncommon than secondary cases. The symptoms of the primary cases are unusually variable. There is almost nothing in the English literature on infantile nephritis for the past ten years. The best article on primary nephritis was written by Holt in 1887. He reported five cases of his own, and collected fourteen cases from literature, and up to 1907 had seen five more cases. The etiology of all his cases was obscure. The symptoms of my patient do not correspond with the symptoms of his cases, which in many ways did not point at all clearly to the kidneys. Fever was usually present, frequently high, sometimes prolonged, sometimes high at onset. Marked anemia was the most constant symptom, and this, with extreme prostration and fever, were in some cases the only symptoms. Nervous symptoms were present in almost every case, restlessness, excitability, drowsiness, convulsions, sometimes at onset. Gastro-intestinal symptoms were common. Dropsy was present in only six cases and in the majority of these was slight and at the close of the disease. The urine was scanty in only six cases and then toward death. Albumin and casts were absent frequently early in the attack, but appeared later. Of the twenty-four cases, sixteen died and eight recovered. In 9 autopsies 5 had parenchymatous nephritis and 4 interstitial nephritis.

Jacobi in the New York Medical Journal, 1896, published a very thorough article on infantile nephritis. He claims to have seen over twenty primary cases, and believes nephritis to be much more frequent in infancy than is generally acknowledged. The primary cases may come from a variety of causes. He mentions two infants aged ten days, both seen in consultation with the same physician, who died from nephritis as was proved at post-mortem, caused by plunging them into cold water to resuscitate them at birth. Another death from nephritis was caused by immersion of the child in very hot water at birth by mistake. Another infant's mouth was washed out with a strong solution of potassium chlorate by a midwife, causing death from nephritis. He reported two deaths from nephritis following long continued asphyxia at birth, and a few fatal cases of nephritis in infants with congenital heart disease. Children with the vomiting, black stools,

and purpura of melœna neonatorum have been found at autopsy to have parenchymatous hemorrhagic nephritis. In a breech case the urine was at first bloody, then cleared, and the infant died later from suppression probably due to trauma.

H. T. Karsner, in the New York Medical Journal, 1908, reports the case of a blue baby dying forty-five minutes after birth, at the autopsy of which parenchymatous nephritis was found. No cause for this congenital nephritis could be discovered. He was able to find only three cases of congenital nephritis in the literature. One of them reported by Ashby was an infant which became dropsical on the second day and remained so until death, four weeks later.

Secondary cases of nephritis are much more common in infancy and are undoubtedly frequently missed. Many cases of pneumonia and gastro-enteritis die of nephritis as a terminal infection, and other cases are milder and recover unrecognized, because of the indefiniteness of the symptoms and the difficulty of obtaining urine for examination. Gulkeutal examined the kidneys of 220 infants at autopsy and found twenty-three cases of nephritis; eleven of these died from pneumonia, six from enteritis and 6 from tuberculosis. The literature concerning the frequency of secondary nephritis is very conflicting. Chapin reports that in eighty-six cases of gastro-enteritis, seventy-five had albuminuria by the Esbach test, and thirty-seven casts; in fifty-seven pulmonary cases, forty-nine had albuminuria and thirty-two casts. Koplik found albuminuria, and in most cases casts; in twenty-one out of twenty-five cases of gastro-enteritis. On the other hand Morse and Crothers of Boston found albumin and casts present in only 8-10% of infants with gastro-enteritis. Almost complete suppression may occur and rapidly improve leaving behind no albumin or casts. This is probably a special form of nephritis, due to concentration of the blood caused by the dehydration of diarrhoea. Chapin concludes that albumin and casts are produced by any disturbance of bodily function in infants and are occasioned by congestion and irritation of the renal tubules and are of no special significance.

Congenital syphilis may cause nephritis of the newborn. Carswell in 1904 found present in ten out of twelve autopsies of cases of hereditary syphilis, parenchymatous alterations in the kidney of varying degrees of intensity. Meningitis, otitis

media, eczema, whooping cough, and influenza may be complicated by nephritis in infancy, and in older children, scarlet fever is, of course, the commonest cause. The majority of these cases of nephritis are not associated with œdema. In fact, affections of the kidney in infants secondary to other diseases do not, as a rule, produce œdema, and conversely most cases of œdema in infants are due to some other cause than diseases of the kidney.

Oedema of infancy may occur as a sequel to gastro-enteritis, erysipelas, failing heart, atelectasis, or engorgement of the venous system in weakly premature infants. The œdema of gastro-enteritis may be local, as on the back of the hand or feet or may be general. Sometimes the first thing noted in a poorly nourished child is a sudden increase in weight, followed by a general œdema; or in a prolonged case of enteritis and consequent starvation diet œdema may occur. The urine in these cases contains no albumin or casts, but it may be scanty. The prognosis is frequently bad. Dr. Palmer Potter wrote a paper which, I have found widely quoted, in which he held that the œdema of infants with diarrhœa is caused by too little protein food, and by feeding proteids the œdema disappears. Oedema has been produced experimentally. Heuben found that if an infant of six weeks is fed salt, the urine diminishes, and the body weight is increased. Omit salt and the urine flow is augmented, and the body weight diminished. The kidneys at autopsy were found to be normal in Heuben's case.

A few years ago I took care of a delicate child of thirteen months, which had been taken suddenly ill with diarrhœa, extreme prostration, and stupor. In a few days it suddenly developed almost complete anuria and there was a heavy deposit of urates on the diaper. The temperature shot up to 103.5° and the hands and feet became swollen, the urine remained very scanty for a week, the enteritis continued and the child was not expected to recover. The child slowly improved, the urine became profuse, and the œdema became less. The child continued to be ill for several weeks with enteritis and the œdema recurred every few days. It finally disappeared immediately after the administration of digitalis was started. Unfortunately, it was not possible to obtain any urine for analysis. I am not clear in my mind whether this child had acute nephritis complicating gastro-enteritis, or whether it was one of

these peculiar cases of œdema without albumin in the urine.

Pyelitis is another interesting and fairly common disease of kidneys of infancy, but it is too extensive a subject to consider here.

Jacobi believes that there is a predisposition to nephritis in the newborn. 1st, by the relative imperviousness of the young renal capillaries compared with the large size of the renal arteries; 2nd, by the feebleness of the young intestinal muscle which proves insufficient to expel its toxic contents; 3rd, by the extensiveness and size of the young intestinal blood vessels and lymphatics, and the large size of the villa, all of which favor absorption of toxins. Experiments prove that the permeability of the capillaries is greater, and that in a given time a proportionately larger amount of water can be squeezed through them in the adult than in the young.

Jacobi sums up the causes of infantile nephritis as follows: From the etiological point of view, nephritis of the newborn may be: 1st, Congestive from feeble circulation, congenital heart disease, asphyxia, or exposure to low temperature; 2nd, obstructive from physiological, rapid decomposition of the blood of the newly born, formation of hematoidon, jaundice, production of methæmoglobin by chemical poison, potassium chlorate, excessive heat, or presence of blood in the uriniferous tubules; 3rd, irritative from presence of uric acid infarcts, or hematoidon infarction, of purpura or other intestinal hemorrhages, or of microbes, or toxemia in the numerous eruptive and infectious maladies or in enteritis.

THE CIVIL SURGEON AND THE NATIONAL ARMY.*

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With the tearing up of Germany's honor by the invasion of Belgium, the medical profession of America realized, as did all true men and women the world over, that the war in Europe was a spiritual war—a war between honor and dishonor—a war between freedom and perfidy.

The medical profession is a deeply religious profession; its members *practice* religion—not preach it. There is such a difference between the practice and the

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preaching of religion, that medical men, as a class, are not even aware that they are religious; but in the invasion of Belgium the medical profession saw the real issue. I do not know of a single American doctor except those of Teutonic strain (and psychologists have yet to explain the German mind), who did not resent Germany's violation of her written word, and when England stood by her obligation to Belgium, the profession felt a thrill in the knowledge that in spite of all former differences, she was "bone of our bone" and flesh of our flesh."

In not a few instances, long before we declared war, medical men were compelled by their convictions to go to the aid of France, England and Canada, and medical units were formed and equipped that carried the word of comradeship and cheer long before Von Bernsdorf was presented with his well-earned passport; and this in spite of the German propaganda, paid and unpaid, which was then, as now, busy with falsifications and distortions calculated to discourage medical enlistment — "Twelve thousand English surgeons had been killed on the battle line from lack of proper protection," when in fact less than two hundred had been lost, and since we have shaken off the malignant influence of the German propagandists testimony accumulates that the Allies conduct of the war marks the greatest advance in scientific mass sanitation that the world has ever seen.

When America declared war, the medical profession, which by instinct and training is the most pacific of all the professions, responded as no other profession; in no walk of life have the sacrifices been greater, or more freely given.

Practicing medicine is almost without exception "going it alone." There are, unfortunately, but few medical partnerships. When a doctor absents himself from his practice his practice disappears.

Much publicity and approval have been given, and justly, to the proprietors of large business concerns because they are giving their services to the Government for \$1.00 a year, but almost without exception, their interests are being cared for.

Thirteen thousand medical concerns, made up of one man each, have gone out of business for the duration of the war, because patriotism and business do not mix well with Prussia's degrading power still undefeated, and German sympathizers still

trying to foster among Americans distrust of ourselves and of our allies.

When we declared war the medical leaders of America went to the Surgeon-General's office, and the Surgeon-General's office absorbed them. The medical leaders of the Surgeon-General's office, but yesterday laymen, are saying to the rest of us, with a care to detail and organization (becoming daily more perfect) what we medical laymen shall do and how we shall do it.

Thirteen thousand medical men—laymen and pacifists all, have, without conscription, placed themselves at the disposal of the Government. There are about 140,000 doctors in the United States, nearly 10% of whom have accepted commissions and are in service; and why?—because they know that the United States has not merely entered a war—it has engaged in a Crusade—a Crusade to rid the world of a stench—the stench of Prussian intrigue and perfidy. The United States is not fighting for territory;—it is fighting for its life—for an ideal. If you heed the voice of the Germanized American (now fortunately less and less audible), we are but fighting England's battle, but the thirteen thousand civilian doctors, without military training, with an inherent dislike of militarism, know that what the United States is fighting for is our own freedom—the freedom to sail the seas without fear of cowardly assassination—that the United States is fighting for universal freedom from fear of Prussian intrigue and duplicity. The heirs of the men of '76 refuse to countenance a kulture of broken treaties, outraged women and Prussian helmets.

Speaking as one of the thirteen thousand civilian doctors in the service, we are proud that Uncle Sam has given us the opportunity to wear his uniform in such a Crusade.

Clinical Reports.

Case of Weber's Syndrome.

Dr. G. B. Hassin, in the A. M. A. Jour., Dec. 29, defines Weber's syndrome as a partial or complete paralysis of one oculomotor nerve with a contralateral hemiplegia, indicate of a lesion of the cerebral peduncles. He cites the following cases: The patient was a girl nine years old in whom complete paralysis of the left oculomotor developed along with a complete right hemiplegia. The hemiplegic side showed exaggerated reflexes, positive Babinski, Chaddock and Oppenheim signs, and a negative Gordon reflex. The left side was normal and sensation was not disturbed on either side. At autopsy an extensive glioma was found to have completely destroyed the left hippocampal gyrus, the cornu ammonis, the

cerebral peduncle, and the left oculomotor nerve, and had spread so as to involve the tegmentum, part of the optic thalamus, the pons, and the medulla.

Pipe Stem in Child's Trachea.

Dr. Steinsleger, in the *Revista Medica del Rosario*, gives an illustrated description of what he thinks is the largest foreign body ever successfully removed from a child's trachea. It was the stem part of a pipe, and measured 6.7 cm. (2.6 inches), being about twice as long, and wider than an intubation tube. Two are shown in the illustration for comparison. Tracheo-bronchoscopy was impracticable and repeated roentgen examination gave negative findings, but the parents had seen the glass mouth piece of a pipe vanish into the throat, and the child was hoarse, with signs of laryngeal and bronchial irritation. The child breathed freely through it. The lower end must have rested in the right bronchus as the child trachea at this age averages only 8 cm. The three upper rings of the trachea were divided. A Kocher forceps was introduced, closed, into the pipestem and as the blades were spread the foreign body was easily drawn out. It had been in the throat four days.

Cerebellar Symptoms.

Dr. C. Muniagurria, in the above named *Journal* reports the following case:

The child of 10 presented symptoms indicating pressure on the brain, bilateral choked disk, characteristic vomiting, and occasional intense headache. The Kernig, Babinski and Brudzinski signs were positive, and the legs so weak the child could not stand without falling, but there was no paralysis and no ataxia. The child merely staggered like a drunken man, but he slept quietly and did not complain of pain except when frontal headache was brought on by raising him for examination. The head was of normal size and symmetry. There was no Wassermann or skin tuberculin reaction, and no eosinophilia. The spinal fluid was under considerable pressure, with evident xanthochromia, albumin 0.75 per thousand, and numerous red corpuscles in the field but only one leukocyte. The Nonne and Appelt reactions were both negative. An operation was done on the assumption of a tumor in the cerebellum, probably a cyst. The child died soon after the operation. Nothing suggesting a tumor was found nor any macroscopic changes enough to attract attention, unless possibly the lateral ventricles were larger than usual. The diagnosis was corrected to probable internal hydrocephalus.

Severance of the Chorda Tympani Nerve.

Dr. Irving Sobatky in the *Boston Med. and Surg. Jour.*, cited the following case:

E. F., age 66. June 6, 1917.

Diagnosis.—Right otitis media, acute.

The usual paracentesis was done. She was seen again on June 8. There was a moderate discharge from the right ear, and upon wiping away the pus the paracentesis opening was seen. It was wide and a bit anterior. She complained of inability to taste and a numb feeling over the right side of her tongue. A probe examination showed insensibility to touch. An otoscopic examination of the left

tympanum showed a thin membrane, and the chorda tympani nerve as a faint line situated lower than normal. It is fair to assume that the nerve on the right was also lower than normal. This accounts for the injury.

The patient was then referred to the Nerve Department of the Massachusetts General Hospital. Dr. J. B. Ayer reported that tests with solutions showed no taste in anterior one-half to two-thirds of the tongue on the right, except, possibly, at the very tip. Taste was present on the right posterior one-third.

Brain Tumor.

Dr. F. X. Dercum, at a recent meeting of the Philadelphia Neurological Society, presented a case of Brain Tumor, occurring in a man 32 years old, who had had an injury (fracture and dislocation of the right forearm early in life, and who suffered several nervous breakdowns. Over a period of about six months he had presented headache, somnolence, vomiting, relaxation of the features, impairment of memory and imperfect speech. Neither the blood nor the cerebrospinal fluid exhibited evidence of syphilis. There was no astereognosis. Under observation improvement ensued, but there was persistent complaint of pain over the left frontal region, with some weakness of the right lower extremity, while the left palpebral fissure was the narrower. Hearing, smell, and taste were normal. The tongue was protruded slightly toward the right. Increased knee-jerks, ankle-clonus and Babinski reflex were at times noted on the right. Ophthalmoscopic examination disclosed marked optic neuritis on the left with a lesser degree of disorder on the right.

Carcinoma of Larynx.

Dr. J. W. Little reported at the meeting of the Minn. Academy of Medicine the case of a man 65 years of age. The larynx and trachea were opened under novocain and 50 milligrams of radium secured in place with a piece of rubber glove. This was left applied for twelve hours, after which the wound was closed with catgut. A little less than two months afterward the larynx was again opened. This time the radium was screened with a rubber tube and secured in place by linen stitches—one on each end of the tube. After twelve hours the radium was removed and the trachea closed. Examined eight months later, no evidence of carcinoma could be found, but the scar left in the larynx interfered with breathing, so much so that it was necessary to reintroduce a tracheal tube which at the present time, one year later, he is still wearing.

Intubation in Laryngeal Diphtheria.

Dr. H. B. Sheffield, in the *N. Y. Medical Record*, reports this case:

J. D., 5½ years old, had been coughing croupy for three or four days, and, as the parents were poor, was treated by them with the usual home remedies. In the middle of the night his condition became so alarming that they hurried for a neighboring physician. Finding that the boy was suffocating from diphtheritic laryngeal stenosis, he promptly summoned me to perform intubation. As I entered the dingy and foul smelling room I was greeted with "It is too late, Doctor." In-

deed, the boy was actually in the last stage of asphyxia, his face bluish black, his eyes protruding and suffused, his breathing suspended, and his entire body perfectly limp—apparently dead but for a barely audible fluttering of his heart. I remarked to my colleague that since we were not going to be paid for our visit anyhow, we might as well gain something from the additional practice in intubation. Thereupon I quickly inserted a tube in the boy's larynx, carried him to the front of an open window and injected one-twentieth of a grain of strychnine hypodermically, while Dr. F. proceeded with artificial respiration. There was shortly a marked change for the better and the child improved so rapidly that, after administering 10,000 units of antitoxin, we were able to leave him under the care of his mother within about an hour after our arrival. I extubated six days later and the boy recovered fully without any further attention.

Murphy Button 16 Years in Stomach.

Dr. G. Schwyzer reported this case before the Minn. Academy of Medicine, as recorded in the Minn. State Med. Jour. The man was 55 years of age. A year after undergoing a gastro-enterostomy he began vomiting, and with considerable regularity kept it up for fifteen years. A fluoroscopic examination gave the impression that this vomiting was due to an hour-glass stomach. Forty-eight hours after a barium meal half of the barium still remained in the stomach; and eight days later the descending colon still contained large quantities of the barium. The x-ray plates exhibited showed various parts of the button, especially the male portion and one loose spring with three spirals.

At operation, extensive adhesions about the stomach were loosened. The stomach was greatly distended with fluid, which previous to the operation could not be emptied. The pylorus apparently was closed. Toward the left side under the ribs could be felt a foreign body lying near the larger curvature of the stomach and presumably, within the stomach. At a point about 50 cm. from the original anastomosis a new connection between the stomach and jejunum was made. Upon incising the stomach, portions of a Murphy button were found within the cavity and were easily removed. Whatever parts were yet remaining, should there be any, would pass, it was hoped, through the new opening between the stomach and the intestines. The patient recovered.

Hour-Glass Stomach.

Dr. R. C. Webb, in *Annals of Surgery*, reports a case of hour-glass stomach due to an ulcer, in which the pyloric pouch was three times as large as the cardiac pouch. The pylorus was obstructed by a large called, apparently a cicatrized ulcer. A double posterior gastro-enterostomy was performed, without an enterostomy between the two loops. Two months after operation the patient was free from symptoms and had gained thirty-two pounds. X-ray pictures taken at this time showed that the stomach emptied rapidly and both gastro-enterostomy openings were working well.—G. W. Hochrein in *Surg., Gyn. and Obstet.*

Bullet Expecterated after Lodging Four and a Half Months in Lung.

Dr. R. Murray Leslie, in the *Brit. Med. Jour.*, reports the following case which came under his observation on July 4th, 1916. The subject was a man, aged 33. On April 6th, 1916, while on military duty in Mesopotamia, he had sustained a gunshot wound from a shrapnel shell, the bullet entering just above the right clavicle, there being no exit wound. The accident had not produced any very serious results. The man stayed in several hospitals, and, after recovery from an attack of pneumonia, he was sent to England. On admission his condition was fairly good and there was no pyrexia. There was slight cough, with frothy, muco-purulent expectoration and some pain over the left chest, and also some dyspnea on exertion. In order to assist the expansion of the lungs Woolfs' bottles were ordered. The third day after using them, on July 28th, he had hemoptysis which lasted for two hours. On July 29th, rales were audible just below the root of the spine of the left scapula. On August 1st, a radiographic and stereoscopic examination showed the shadow of a bullet in the region of the shadow of the left avricle, at a depth $4\frac{1}{4}$ inches from the level of the skin of the front of the chest. On August 16th, he was discharged. On August the 21st, he presented himself with the bullet in his hand. In the morning, on getting out of bed, he had been seized with a violent fit of coughing and brought up a piece of lead irregular in shape, a little over an inch in length and weighing 140 grains. A second x-ray examination showed that the bullet had disappeared. After two weeks the man was discharged comparatively well.

Hemorrhagic Septicemia Due to Colon Bacillus in a Young Infant.

Dr. Hans Andersen reported this case at a meeting of the Washington University Medical Society, St. Louis, recorded in the *Missouri State Medical Journal*:

The case is that of a child brought to the St. Louis Children's Hospital, Sept. 3, 1917, when it was four days old. It died Sept. 7, 1917.

It was born at full term, spontaneously, after easy labor. Weight at birth $9\frac{1}{2}$ pounds. Nursed first time twenty hours after birth. One-half hour later cried with colic; bowels moved with greenish stool. Following days; crying, cramps, and twelve to fifteen stools a day, greenish and watery; vomiting, intense inflammation and irritation about arms.

Admitted to hospital. Was given half breast milk; continued vomiting; five to six stools a day, greenish with mucus, later black. Vomitus was dark brown. Child became emaciated. It lost 1 pound in four days. Was cyanotic over head and chest with a pustulous eruption on neck and upper chest. Temperature continuously high: 101 to 104 F. Patient died in convulsions on fourth day after admission, eight days after birth.

Necropsy Findings: Cyanosis of head, neck and chest with pustulous eruption. Petechial hemorrhages under nails of fingers and toes; desiccating umbilical cord. There is no inflammation around umbilicus and no free fluid in the body cavities.

The heart is markedly contracted and there is marked congestion of all organs and petechial hemorrhages into the pleura and intercostal muscles.

Lungs partly filled with air with many irregular, small and large, deeply red patches which are noncrepitant, moderately firm and not depressed. On section these areas bleed freely. The liver is yellowish mottled. The intestines are markedly contracted. Six agonal intussusceptions are found in the small intestine. No other changes except the marked congestion. There is hemorrhage into the medulla of the adrenal. The kidneys are much congested with uric acid infarcts in the papilla. The bladder is strongly contracted.

Microscopic examination of the organs shows an extreme congestion of all organs with hemorrhages into the mucosa and submucosa of the intestines, hemorrhage into the spleen and the medulla of the adrenals, petechial hemorrhages into the cortex of the adrenals and fatty degeneration of the liver. In the lungs are multiple hemorrhages arranged in patches similar to a broncho-pneumonia but without any inflammatory reaction in the alveoli. The alveolar tissue has not undergone necrosis. Pure cultures of colon bacillus were obtained from the heart's blood and the lungs.

Chronic Syphilis of the Nervous System.

Dr. J. N. Brawner, in the Georgia State Society Journal, in a paper on the above subject, relates the following cases:

Case 1. Mr. C. W. J. Diagnosis syphilitic spastic paraplegia. Condition has been developing four or five days. Marked spastic gait, marked ankle clonus, patient barely able to walk. Loss of sexual power for one year. Four plus Wassermann. During the first four weeks of treatment he received .4 gm. salvarsan intravenously every seven days; also one-twelfth gr. biniodid of mercury by mouth. During the next three months he received two doses of salvarsan every four weeks. The biniodid was also given, but not continuously. At the end of one year patient was much improved. During the second year of treatment patient received eight doses of salvarsan and during the third year six doses. So during the past three years he has received thirty-three doses of salvarsan in addition to the biniodid of mercury. The patient is still improving. He has returned to work, can walk well, spastic gait hardly noticeable, ankle clonus gone, sexual power has returned and is now about normal.

The important thing in the treatment of this case has been the persistence of the salvarsan treatment. In chronic syphilis one, two, or three doses of salvarsan do not destroy all of the invading spirochetes, many of which are encysted in tissues poorly supplied with blood vessels, but by the persistence of the treatment more and more of the invading germs are killed and, of course, better results are obtained.

Case 2. A. J. C. Boy of 5 years of age, showing a Binet mental test of one year. Four plus Wassermann. Diagnosis: Idiocy due to hereditary lues. I have now been treating this boy regularly for two years with mercurial inunctions and mercury biniodid by mouth. He has not taken any of the iodides. Patient has improved remarkably and is still getting bet-

ter. He now shows a Binet mental test of 5 years, though his actual age is now 7.

Case 3. J. G. B. Man, age 45, railroad conductor. Suffered from persistent occipital headache, vomiting, mental dullness and loss of memory. Choked discs were found. Pupils irregular. Wassermann not made. Admitted syphilis. Diagnosis: Gumma of brain. Mercury biniodid and potassium iodid by mouth, also mercurial inunctions. I treated this man for three years and to-day, seven years since I started treatment, he is clinically well.

Sarco-Endothelioma.

Dr. A. R. Matheny, Pittsburg, in a paper on the above subject, published in the Penn. Med. Jour., reports the following case:

A. C. B., aged 43, railroad supervisor, father of six children, had had no previous illness or history of injury. Wassermann test was negative. About one year ago he noticed swelling in left groin about the size of a walnut. There was no pain or tenderness. When seen March 1, 1917, by author the swelling was the size of a hen's egg, and was clinically typical of incarcerated femoral epiplocele. Operation was advised but refused at that time. Growth thereafter was more rapid and in June there was a sudden enlargement due no doubt to hemorrhage into tumor, with great pain radiating down thigh. The tumor was about the size of a half coconut, and fluctuated but with no bruit or pulsation. Roentgen-ray examination showed no bone lesion. At operation, a linear incision over Poupart's ligament and down thigh exposed a pseudocystic condition with clots and debris as in previous case. A mass over the femoral ring was removed, which proved to be omentum which had undergone degeneration. Hemorrhage was excessive. The hematoma was cleaned out and the wound packed with several yards of gauze. The growth lay directly above the femoral vessels. Recovery from operation was uneventful.

Pathological report was sarco-endothelioma of the round cell variety. The deduction is that it arose from the peritoneum covering the omentum.

Intensive roentgen-ray treatment has been given since June with the result that the growth and induration has not extended at present writing. Coley's fluid has been used since September 1, beginning with $\frac{1}{4}$ minim and gradually increased to 5 drops when the reaction became so severe that it was discontinued. At the present time induration can be felt above Poupart's ligament.

Case of Oxycephaly.

Dr. E. Sachs, St. Louis, reported this case at a meeting of the Washington University Medical Society:

This patient, complaining of headaches and prominence of his eyes, entered the hospital a year and a half ago. He vomited occasionally. Examination showed partial involvement of the eighth and seventh nerves on the left side. No other localizing symptoms. The roentgen ray showed a thin skull with moderate convolutional atrophy. Double choked disk of moderate degree. There was no unusual deformity of the head.

The diagnosis made at the time was an unlocalizable brain tumor. The patient contracted diphtheria shortly after entering the

hospital and was taken home because he was a diphtheria carrier. He returned June, 1917, still complaining of headaches, eyes more prominent than before, so that the exophthalmos was quite striking, and a marked prominence at the site of the anterior fontanelle. The choked disk was still present. The temporal fossae over each zygoma were also very prominent. Roentgen ray showed an extraordinary amount of convolitional atrophy with extremely thin skull.

Bilateral decompression was done, a week elapsing between the two operations. The patient is now in school, is without headaches and shows marked improvement. Both herniae bulging. At the time of operation, the intracranial pressure was very high.

The object of decompression in these cases is to prevent the inevitable blindness that accompanies cases of oxycephaly.

Spinal Cord Tumor.

Dr. J. K. Bergstrom reported this case, as recorded in the Missouri State Medical Journal:

Mrs. H., white, female, aged 35 years. Admitted into hospital Oct. 21, 1917. Complaint: numbness of legs and dragging of feet. Family history and past history unimportant. Present illness dates back to April, 1914. There was an ascending numbness in the left leg, accompanied by partial paralysis. Complete paralysis of leg developed three months later. Condition improved for a time, but in November, 1916, complete paralysis again developed in left leg. In January, 1917, right leg became involved. There were tingling sensations and pain at night. Paralysis began in March, 1917, and rapidly progressed. During the past three years patient has had difficulty in starting her urine and also impaired control of anal sphincter.

Important findings in the physical examination are: 1. Spasticity of both legs; bilateral patella clonus; arkle clonus; Babinski, and increased knee kicks. 2. Diminished sensibility to light touch over whole body below axillae, also over median aspect of both arms above wrist; anesthesia to pin prick over median side of both arms and left half of body below axilla; hypalgesia below axilla over right chest and abdomen; inability to differentiate heat and cold over left half of body below axilla and over median aspect of both arms above wrists. 3. Roentgen ray, negative.

Laminectomy performed October 31, 1917, and small fibroid tumor was removed from left side of posterior aspect of cord, under fourth cervical vertebra. Reflexes were markedly diminished after patient came out of anesthesia. November 2, patient was able to move right leg and foot, also toes of left foot. November 11, power of right foot practically normal; reflexes normal except for Babinski; left leg has little power of flexion at hip; power in foot good; definite patellar and slight ankle clonus. Sensory examination shows an area of anesthesia to pin prick and inability to differentiate heat and cold over right leg and right side of body below axilla in front and lower dorsal vertebra behind. In front this area extends a short distance beyond midline to left. November 12, patient walked a short distance with assistance. November 13, patient took a few steps unassisted.

Dr. Sachs, discussing this case, notes the

very rapid restoration of function of the cord after such long compression. She had had compression for three years and in less than fourteen days, function of the extremity is practically normal. Her legs were stiff before the operation. She could not move them voluntarily at all. She has recovered, showing that though there has been such long compression, there was no destruction to her cord. He also spoke of the relation of the position of the tumor to the sensory findings. The sensory findings correspond to the eighth dorsal spinal segment and the tumor was four vertebrae higher. The tumor always lies higher than the sensory symptoms would indicate, due to the overlapping of the sensory fibers. Another thing is the very mild disturbance in function of the spine due to a laminectomy. She can move her head in spite of the fact that the backs of four vertebrae have been removed.

Abstracts from Medical Journals.

Pyelocystitis in Infancy and Childhood.—

Dr. Henry F. Helmholtz, in the Illinois Medical Journal, in a bacteriological study of forty-five cases found that of nine boys eight had a colon bacillus infection; of thirty-six girls twenty-eight had colon infection. The condition is often characterized by an absence of local and the presence of general symptoms. The urine should be frequently examined in febrile attacks in infancy.

So-called Fifth Cuspid and Hereditary Syphilis.

Drs. Mozer and Chenet, in La Presse Medicale, report that they have thoroughly investigated the claim of Sabouraud that a certain dental anomaly is certain evidence of hereditary syphilis. This anomaly, independently discovered by Sabouraud, had long been known to dentists, but not as an expression of syphilis. Sabouraud then insisted that when his "mamillary eminence on the internal face of the two first upper molars" was present in a certain degree it was specific in nature. The two authors studied the dentition of 60 heredosyphilitic children, with Wassermann control. While 19 who presented the dental anomaly gave a negative Wassermann, they showed the presence of some other affection, chiefly bone, joint or gland tuberculosis. But one child of the 60 showed the fifth cuspid along with Hutchinson's teeth and a strongly positive Wassermann. Thus the association of the anomaly with heredosyphilis is not necessarily one of cause and effect. The children had been treated before the appearance of the teeth and were clinically sound, yet the anomaly developed just the same.

Caring for the Wounded.

Isolated Nasal Diphtheria.—Dr. J. Rolleston, in the British Jour. Children's Diseases, reports that isolated nasal diphtheria, i. e., diphtheria originating in and confined to the nose, occurred in ninety-five out of 3,000 cases of diphtheria (1.5 per cent.) admitted to hospital. It is most frequent in young children and in the cold months of the year. Congenital syphilis is a predisposing cause. The great majority of cases run a mild course, but rare examples of toxemic diphtheria confined to

the nose undoubtedly do occur. The habitually mild course of isolated nasal diphtheria has been proved to be due to autoimmunization. Chronicity is a characteristic feature of isolated nasal diphtheria, the persistence of the bacilli being explained on anatomical grounds. Sequelae occasionally occur, but are rare. Treatment by antitoxin is indicated. Local treatment should be avoided. The term "fibrinous rhinitis" should be reserved for those comparatively rare cases in which this form of rhinitis is due to other causes than the diphtheria bacillus. The practical significance of isolated nasal diphtheria consists in its epidemiological importance.

Bacteriology of the Urine in Children with Gastro-Intestinal Disease.

Dr. A. B. Schwartz, Milwaukee, in *Archives of Medicine*, concludes a paper on the above subject as follows:

The outstanding features of this study are the extraordinary frequency of urethral and bladder contamination during gastro-intestinal diseases, and the striking differences noted between male and female infants, making it probable that the infection does not pass from the gastro-intestinal canal to the kidneys via the blood stream.

In a series of 63 infants with various gastro-intestinal diseases, 38 or 60.3% showed the presence of Gram-negative bacilli in their urine. Of those in which the first and second portions of the urine were separately cultured, 21.4% showed a sufficient number of Gram-negative bacilli in the second specimens as to constitute a bacilluria.

Urethral contamination was almost 3 times as prevalent in girl babies as in boys, while actual bacilluria (specimen 2) was twice as prevalent in girls as it was in boys.

Acute Cardiac Failure: Treatment by Intravenous Injection of Strophanthin.

In the *Liverpool Medico-Chirurgical Journal*, Dr. Hay in a paper on this subject reaches these conclusions:

1. Acute cardiac failure is due in very many cases to the onset of auricular fibrillation in hearts already handicapped by disease.

2. It has been proved that of all drugs the digitalis group is the most potent in steadying such hearts.

3. The onset of the cardiac failure is sometimes so sudden and the downward progress so rapid that oral medication may prove too slow to be of any service.

4. Again, at times the patient's stomach will not tolerate any member of the digitalis group; a vicious circle is set up which ends in the death of the patient.

5. In such cases strophanthin injected into a vein produces immediate definite slowing of the heart and rapid amelioration of the patient's condition, and without doubt has saved many lives.

The Cancer Problem.

Dr. Charles H. Mayo, Rochester, Minn., in discussing this subject at the recent annual meeting of the Southern Surgical Association, said:

Discussion, investigation, and discovery had given control of other great life-destroying dis-

eases, and had been most helpful in aiding in the control of cancer. The educational propaganda of Dr. Bloodgood had been of incalculable value in the prevention and early treatment of cancer in this country. The greatest advance in our knowledge of cancer had come from a study of the individual cancer cells. MacCarty believed the disease to begin in the waiting or repair cells. We thus saw how the stimulation of continued traumatism might stimulate to activity such repair cells when lack of control, differentiation and migratory hyperplasia would place them within the cancer classification. Many writers believed there was a true fertilizing agent of the nucleated cells which gained entrance to local areas and cell intelligence for growth carried on progressive activity. Some believed this fertilizing agent was water borne. All these theories should be subject to investigation, as, after all, the essential facts concerning the cause of cancer were lacking, and yet all causes might be associated and harmonious. Nearly one-third of the cancers that affected man were found in the stomach where acidity was constant and high. The duodenum which, by right of continuity of tissue, close association with and opportunity for grafting, and apparently far more commonly affected by ulceration than the stomach, was almost never affected with cancer, which, however, spread into all other tissues around it when developed from gastric cancer. Ulcers occurred in the stomach one-third as frequently as in the first portion of the duodenum. Sixty to seventy per cent. of gastric cancers gave a history of preceding ulcer. Ulcer then was more common in the naturally alkaline duodenum. Ulcer or cancer was rarely seen in the duodenum below the first two inches. Cancer occasionally occurred by penetrating through a duct, although in the whole length of the small intestine it occurred but twice, to ninety-eight times in the large bowel. The colon was frequently affected with cancer because here again we had acidity, and seventy-five per cent. of the tumors were located in the fixed and tissue-surrounded portion of the colon, which retained the dry and harder contents as a traumatic agent. The essential of cancer was uncontrolled hyperplasia developed in repair types of nucleated cells which grew most favorably in acid fields.

Control of Hemorrhage from the Upper Digestive Tract.

Dr. Kellogg, in the *N. Y. Med. Jour.*, writes a paper on the above subject and in conclusion says that the following points should be emphasized: (1) Never operate during acute hemorrhage, nor in any case until there has been an attempt at a medical cure, except in cases showing pyloric obstruction, or considerable deformity of the stomach. (2) Operate in all cases in which hemorrhage recurs, or appears primarily, after a thorough course of medical treatment. Medical measures consist of absolute rest in bed; ice-bag; emetine! avoidance of early stimulation and overstimulation; lavage; hot enemas; transfusion; animal or human serum.

Treatment with Bacterial Vaccines of Bronchial Asthmatics.

Dr. Walker, in the *Journal of Medical Research*, reports on this subject as follows:

Occasionally the serum of non-sensitive patients with bronchial asthma agglutinates strains of *S. pyogenes aureus*; in such cases treatment with vaccines of this organism should be given and relief from asthmatic attacks usually results.

Occasionally attacks of bronchial asthma are relieved by treatment with diphtheria vaccines; in this study one patient in six was relieved by such vaccines.

Attacks of bronchial asthma, or at least symptoms which resemble those of bronchial asthma, may be associated with conditions or diseases which are quite remote from bronchial asthma in patients who are sensitive to protein is not true bronchial asthma; it is evident that cardiac, renal, pulmonary, and pituitary disease all may cause symptoms which simulate bronchial asthma.

Gastro-Duodenal Perforation; New Sign.

Dr. M. F. Field, Salem, Mass., in a paper in the Boston Med. and Surg. Jour., gives the following summary:

1. The diagnosis of perforation of the stomach and duodenum must many times remain in doubt unless aided by some distinctive and reliable sign, independent of parietal peritoneal irritation and tension.

2. In every case of perforation, gas and fluid are present in varying amounts in the free peritoneal cavity. The gas may pass between the liver and diaphragm, as shown by the x-ray, and cause obliteration of liver dulness.

3. Much dependence cannot be placed on liver percussion as ordinarily practised, because of the very great variations, both in health and disease.

4. Change of patient's position will cause the fluid to flow to the dependent part, and the air to rise to the top. This will intensify the findings; tympany over a wide liver area and again flatness over the same area on change of position.

5. Normally there is a change in the liver percussion note on change of posture. This was noted in a large number of normal cases examined, but in none of these were the results similar to those found in the cases reported. Normal liver changes must be recognized before positive deductions are made. A fair comparison is the difference detected in shifting flank dulness in moderate ascites and in the normal abdomen.

6. The writer believes that this sign is of considerable value, and should be sought for in every case. If absent, in the presence of other positive signs of perforation, it may be disregarded, but if present in doubtful cases, it may be the deciding diagnostic factor.

Prophylactic Appendectomy Through a Hernial Sac.

Dr. Norrlin, in Hygiea, reports a series of 81 cases of this form of intervention as performed by a number of Swedish surgeons. Put 10 cases were in women, while the ages ran from 1 to 66 years. Over one-half were between 20 and 40 years. In 74 cases the hernia was right-sided, external inguinal, of which number 5 were incarcerated. In the majority the patients were operated on for such conditions as varicocele, hydrocele, retentio testis, hernia of the other side, etc. The operations performed were those of Bassini

or Girard, and in all but a few cases primary union occurred. Sixty-six patients were discharged within 15 days' average. In all but 1 case the author noted the presence of macroscopic alterations of the appendix.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, on Friday evening, February 8th, 1918.

Dr. Malcolm Woodbury, Clifton Springs, N. Y., read a paper on "The Nervous and Mental Aspects of Goitre." Among symptoms, he emphasized early increase in efficiency and aptitude for detail, also incisive speech.

The adenomatous — non-exophthalmic — goitres are more sluggish than those of the thyrotoxic group, and any mental depression which may exist is not characterized by self-accusations. It is conceded by most authorities that when mental aberrations exist in goitre cases, the thyro-toxicosis is not the cause, but only one of the factors contributing to the development of a latent tendency.

In making a differential diagnosis he gave two tests:

I. Studies in metabolism.

II. The injection of adrenalin-chloride. He particularly emphasized the value of the latter test which is as follows: The patient is examined before and after an injection of $\frac{1}{2}$ c.c., and a comparison of the results of these examinations, with special reference to tremor, pulse rate and systolic pressure made. An increase of less than ten excludes thyro-toxicosis.

Dr. Granville T. Matlock, Wilkes-Barre, read a paper on "Surgical Aspects of Goitre." There are two types; the first, simple goitre, in which there is a lack of iodine supply, found in adolescence in females; it is now surgical; second, toxic goitre, in which iodine is contra-indicated.

He spoke of restlessness and inability to sleep as one of this most important symptoms, and stated that in all cases we find remission of symptoms.

With the mortality reduced to its present low percentage, operation is a safe procedure. Ligation is but a temporary expedient and should be followed, within a few weeks, by excision, otherwise the development of a collateral circulation will make the case inoperable. It was urged that operation be resorted to before changes occur in involved organs.

The discussion which was opened by Dr. Emery Marvel, and participated in by Drs. Senseman, Stewart and Darnall, emphasized features of the papers read. Attention was called to infections through the teeth and tonsils, and because of colonic stasis and it was urged that these conditions be remedied.

Following the scientific program the business meeting was held. The president was authorized to appoint a committee to appeal to the State Medical Society to censure Dr. William Westcott of Camden for testifying against Dr. H. L. Harley of Pleasantville, in a recent damage suit. The matter had been sub-

mitted to the Camden County Medical Society, which had refused to act.

By vote, it was decided to invite the American Medical Association to hold its 1919 convention in Atlantic City.

Foster William Taylor of the War Department Commission on Training Camp Activities, spoke in the interest of the War Camp Community Fund.

President S. P. Leeds of the Chamber of Commerce urged the doctors to take more interest in the betterment of conditions in general.

ESSEX COUNTY.

Richard J. Brown, M. D., Reporter.

The regular scientific meeting of the Essex County Medical Society was held February 5th, 1918, at Wissner Hall, Newark. Dr. Lafayette B. Mendell of the Sheffield Scientific School read the paper. His subject was "Changing Views Regarding Foods." He reviewed the traditional breakfast, showing that in 1820 to 1830 food was essentially the integral part of a whole, which was the body. The three essentials were the albumosa, saccharosa and the oleosa. Animals were supposed to prey on those of the next lower scale. Liebig realized that blood was the part that nourished the body. From its composition he deducted that things like it must be the ideal food, e. g., proteins. Voigt in 1870 declared that a food was that which would prevent loss of body substance or replaces it. Professor Reubner developed the modern energy idea, i. e., calories. Soon after this due to agricultural chemists came the balanced ration. At the University of Wisconsin in 1911 the students experimented with animals according to the best standards of agricultural science. Cows were used. Some were fed wheat, some oats, some corn, and some a mixture. Experiments were carried on over a period of from three to five years. Those fed on wheat did the poorest; those on oats came next, those on corn next, and those on the mixture did the best. They developed the idea that other things beside actual calories were needed.

In the Japanese army, in their experience with Beri Beri, rice was used (low protein diet). Meat and fish were introduced in 1884, and Beri-Beri was eradicated. The success was attributed to the increase of proteins. In 1890, when polished rice refuse was used for chickens, many developed poly-neuritis. The disease was imitated by feeding polished rice to birds. Frazer and Stanton also developed polyneuritis in birds by feeding polished rice, and cured them by feeding them the refuse of the rice. The experiment was then tried on humans. Those fed polished rice developed peripheral neuritis, and were cured when fed the polished rice refuse. There was something lacking in a one-sided diet. After 1910 the chemists entered the field. Funk, a Russian, isolated an organic substance from rice polishings which had remarkable curative results. He developed the word *Vitamin*, meaning a hitherto undetermined substance which was essential to life. Voigt found it practically impossible to get a person or animal to eat pure foodstuffs, as they were tasteless, e. g., starch, albumen, fat. Milk was

used which was protein and fat free; later, these substances were added. Animals fed on the entire mixture prospered and grew into the second generation.

It seemed, therefore, there was a subtle something which makes a food a complete nutrient, without which we have not a complete food. Animals fed on food without fat showed a lack of immunity, and keratitis developed which would clear up on using a complete nutrient. We have reached an era where we must realize the importance of hitherto unappreciated little things. Deficiency diseases are attended by lowered immunity. An adequate diet must contain a certain amount of energy, digestible and non-toxic from various sources.

The discussion was opened by Holmes Jackson, M. D., Professor of Physiology at the University and Bellevue Hospital Medical College, New York, and numerous others participated in the discussion.

SALEM COUNTY.

Norman H. Bassett, M. D., Reporter.

A regular meeting of the Salem County Medical Society was held at the Nelson House, Salem, N. J., February 6, 1918.

Unfortunately, Dr. Ellwood R. Kirby of Philadelphia, who was to address the meeting, was unable to be present. The regular business of the meeting was transacted and a general presentation and discussion of cases of interest followed.

Dr. William H. Carpenter, who was home on furlough from Anniston, Ala., told of some of his experiences of camp life.

WARREN COUNTY.

Charles B. Smith, M. D., Reporter.

The Warren County Medical Society held its annual meeting at the Hotel Belvidere December 11, with a full attendance, and elected the following officers:

President, Dr. R. W. Randall, Hackettstown; vice-president, Dr. F. P. Lefferts, Belvidere; secretary, Dr. William J. Burd, Belvidere; treasurer, Dr. G. Wyckoff Cummins, Belvidere; reporter, Dr. C. B. Smith, Washington, N. J.; delegates to the State Medical Society, Dr. F. W. Curtis, Hackettstown; Dr. F. J. La Riew, Washington; censors, Drs. W. C. Allen, William C. Albertson and F. J. La Riew.

The members sat down to a turkey dinner after the election.

Local Medical Societies.

Bayonne Medical Society.

Louis Lipshitz, M. D., Reporter.

A meeting of the Bayonne Medical Society was held at the Elks' Club House on Tuesday evening, February 19, 1918, at 9 P. M.

The following interesting cases were reported:

Dr. Thum: (1) Sarcoma of larynx; (2) epithelioma of vulva.

Dr. Knox: Abscess of breast, treated by an autogenous vaccine. Recovered. Also reported that he used vaccine for asthma successfully.

Dr. Ferenczi: Case of intussusception which was operated on. Complete recovery.

Dr. Chayes: Case of meningocele of cord in infant.

Dr. Frank: Abscess of breast. Used stock vaccine. Recovered.

Dr. Klein: Case of aestivo autumnal malaria.

Dr. Frank: Gunnia of oesophagus which was mistaken for cancer.

Dr. Hunt: Two cases of torticollis.

Dr. Sweeney: Two cases of kidney involvement in pregnancy. Did premature deliveries. Both recovered.

Dr. Sexsmith then gave a little talk on infections during labor and pointed out the remedies.

Dr. Brooke reported that due to the freezing up of the municipal water filtering plant, water was pumped raw, and as a result there were a large number of cases of gastro-enteritis. He also reported the following interesting cases: (1), pus tubes bound down to gut by adhesions; (2), grippe meningitis in which there was a dry cord.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Thursday, Feb. 21, at 8.30 P. M., Dr. T. H. Rockwell entertaining and Dr. D. E. English in the chair.

Present: Drs. English, Kay, Keeney, Lamson, Meigh, Moister, Pollard, Rockwell and Tweddell, and Dr. C. P. Clark of Summit as guest.

The secretary announced the death, from pneumonia, of Dr. F. C. Jones, of Basking Ridge, on Feb. 8, 1918, and the chair appointed a committee to draw up a suitable resolution of sympathy to be sent to the family of Dr. Jones. The resolution was as follows:

Whereas, God, in His infinite wisdom, has removed Dr. Frederick C. Jones from our fellowship, therefore, be it

Resolved, That we, the members of the Summit Medical Society, hereby express our deep sorrow at the loss of our beloved friend and colleague, and we extend to his family our sincere sympathy.

Dr. Lamson nominated Dr. Arthur E. Tator of Summit, for membership in the society.

The paper of the evening was read by Dr. T. H. Rockwell, medical director of the Equitable Life Insurance Co., on "The Impaired Risk as Seen by the General Practitioner." It was a very practical presentation of the problems affecting the insurability of sub-standard risks. It must be remembered that physicians see people who are sick, while life insurance examiners see those who are apparently well. It is a serious thing to decline a risk, as the insurance companies want all the good business they can get; and yet many men realize for the first time, on being refused insurance, that they are not in good health. The effect on the whole, is good, as it puts them in touch with their physicians, and tendencies to future trouble may often be overcome. The subject of blood pressure, for example, is more generally considered than ever before. The standard average of normal blood pressure from life insurance standpoint is much lower than that recognized by most clinicians. A diastolic pressure of over 110 or a pulse pressure of 60 is considered dangerous.

One-quarter of the death claims paid last year were for circulatory disturbances (kidney trouble 10%, tuberculosis, cancer and pneumonia each 8%, accidents 9%).

No man who has had syphilis or tuberculosis, even if treatment has been thorough and apparent cure has been effected, is now considered a standard risk. The importance of family history is much less than formerly considered, e. g., diabetes, tuberculosis and cancer.

The discussion was freely participated in by all present.

Miscellaneous Items.

National Committee for Mental Hygiene.

This Committee held its tenth annual meeting in New York City on February 6. Dr. Lewellys F. Barker, the president of the association, emphasized the importance of the measures taken by the Medical Corps of the Army to weed out men who would collapse under the stress of battle in increasing the efficiency of the American fighting forces in Europe. Dr. Frankwood E. Williams made the statement that the army cantonments have better facilities for the care and treatment of soldiers suffering from nervous and mental diseases than any city of 40,000 people in the United States. He said that up to the present about 300 psychiatrists and neurologists had been commissioned as officers of the Medical Reserve Corps, and were now doing duty in the various camps. The National Committee for Mental Hygiene elected the following officers: President, Dr. Lewellys F. Barker of Baltimore; vice-presidents, Dr. Charles W. Elliot, Dr. Walter E. James of New York, and Dr. William H. Welch of Baltimore; treasurer, Mr. Eannard; medical director, Dr. Thomas W. Salmon; associated medical director, Dr. Frankwood E. Williams.

Academy of Medicine of Northern New Jersey.

The stated meeting of the Academy will be held March 20th, 1918, at 8.45 P. M., at the rooms of the Academy, Auditorium, Board of Health Building, Plane and William streets, Newark. It will be the anniversary meeting. After the regular business, the anniversary discourse will be delivered by Charles E. DeM. Sajous, M. D., of Philadelphia. Title: "The Internal Secretions and the Future of Medicine."

Ladies are cordially invited to attend.

The Section on Medicine and Pediatrics will meet on Tuesday, March 12, at 8.45 P. M. After regular business and report of cases, a paper on "Experimental Tests with Cynocuprol in Tuberculosis" will be presented by Dr. Moses J. Fine and a general discussion will follow.

The Section on Eye, Ear, Nose and Throat will meet on Monday, March 25 at 8.45 P. M. After business and report of cases, a paper will be presented, title and author to be announced later on post card.

The Sections on Obstetrics and Gynecology and Surgery—under the auspices of the Section on Surgery—will meet on Tuesday, March 26th, at 8.45 P. M. After business and report of cases, a paper will be read. Name of author and title of paper will be announced later on Section postal card.

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MEMBERS WHO HAVE NOT PAID THEIR DUES ARE NOW DELINQUENT. THEY WILL NOT RECEIVE THE JOURNAL OR MEDICAL DEFENSE UNTIL THEIR DUES ARE PAID.

We hope to make definite announcement of the annual meeting of the State Society in our next issue. The U. S. Government is leasing so many of our seashore hotels that it is still uncertain where we can meet.

EVERY DOCTOR IN THE MEDICAL RESERVE CORPS.

What an ideal situation it would be, if every doctor in the United States who is mentally, physically and morally fit, was in this corps.

The time is coming, and in the immediate future when the Medical Reserve Corps of the army must be immensely augmented, and so as to enable the Surgeon General to have at his command for immediate assignment, as conditions demand, a sufficient number of trained medical officers, let us take the above thought seriously.

We all know, from past history, the conserving value of an efficient medical corps, and this means number, as well as training.

A statement made by one high authority in the Surgeon General's office, "that our fighting forces would be decimated by sickness and casualties in six months, emphasizes the importance of every doctor in the United States, meeting the requirements

above referred to, accepting a commission in the Medical Reserve Corps of the United States Army.

The struggle in which we are now engaged, and for which we are preparing to take such a prominent part, depends for its success as much upon the medical profession as it does upon our combatant forces, and while we do not know that any such intention as herein suggested is in the mind of the Surgeon General, it would at least give him the necessary corps of medical officers upon which to draw, and thus serve the best interests of our country, and the best interests of the medical officer serving.

AN UNFAIR ADVANTAGE.

It seems hard to believe that men could be found who would be willing to try to secure a strangle hold upon the practice of another man who has laid himself upon the altar of his country and who has answered the call of duty to go wherever ordered and stay however long may be required of him in doing his part in the world struggle for human liberty. But there are such men.

There has been a deal of moving. Some of it has been necessary and wise. Some of it has been "low down" and mean. It is of this latter we would write.

In a few communities it has been absolutely necessary to have physicians to replace those who have gone to the army medical service, for the very good reason that these communities would be without medical service unless new physicians should come in. In some instances, too, there are very good reasons, independent of any conditions brought about by the war, for changes of location. But the fellows we are talking about are the buzzards who would take advantage of the absence of a man whose patriotism and sense of duty have carried him to the front to do a man's part for his country. These creatures think they can seize hard grip on the practice of the man that has gone to be away for one, two, three or more years which can be hardened and fastened as the months go by and permanently established by the time when the war shall end. We hope and believe that they will fail in their pernicious designs. The man who has gone will surely be gladly welcomed when he comes back and the genuineness of the welcome will be convincingly shown by the return of all his old patients and a number of new patients, all of whom will delight to honor him.

If, the moving fever strikes a doctor who is more than twenty-one and less than fifty-five, if he is physically fit and professionally equipped, let him apply to Surgeon General Gorgas. The Surgeon General can locate him where he can do something worth while.—*Jour. Tenn. State Med. Soc.*

REPORTING INFECTIOUS DISEASES.

Mothers and fathers sometimes ask physicians not to report that scarlet fever or other infectious diseases exist in their house, so that they will escape quarantine. This certainly is vicious and wrong. The physician who sacrifices his honor to save the family a slight inconvenience is a poor citizen. If he smothers or hides the case in any way he is really to be pitied for his weakness. To report a wrong diagnosis is to wilfully expose others who would not otherwise expose themselves. It also permits the patient himself in many instances to go about needlessly spreading infection. The parent who asks a doctor to declare a wrong diagnosis, in order to be saved from slight inconvenience from quarantine is a sorry sight. It is the duty of physicians to report infectious diseases. Any doctor who fails to do so deserves to have his license revoked.

OSTEOPATHS NOT COMMISSIONED IN THE MEDICAL RESERVE CORPS.

The following item from the *Journal of Osteopathy* will interest our members:

"Osteopaths have been refused commissions in the Medical Service of the United States Army, despite the assurance published a month ago that they would be allowed to take the same examination as those having an M. D. degree. When the actual examination papers of osteopathic physicians came into Washington, with applications for commissions, the papers were returned, not accepted. The judge advocate general had ruled that the M. D. degree was essential."

Several months ago when rumors were current that the osteopaths had been given commissions in the Medical Reserve Corps on the basis that is established for physicians, we received word from the surgeon-general of the army that the rumors were "absolutely unfounded." Notwithstanding this fact the osteopaths asserted that we had made an error, and declared that osteopaths were being recognized.

Now let us hear from the chiropractors.—*Missouri State Med. Jour.*

CONTROL OF CANCER.

The Director of the Bureau of the Census has made a preliminary announcement of the mortality in 1916 of the "registration area" of the United States, which area contains about 70 per cent. of the population of the entire country; it reports 1,001,921 deaths. The following table giving Comparative Death Rates for 1916 (per 100,000 population), of twelve of the leading causes of death, shows that nearly one-third were due to the first three causes and nearly one-third to the remaining nine causes given in the table—as follows:

Heart diseases	159.4
Tuberculosis	141.6
Pneumonia	137.3
Bright's disease and nephritis	105.2
Cancer and other malignant tumors..	81.8
Apoplexy	81.3
Diarrhea and enteritis	79.3
Influenza	26.4
Arterial diseases	23.9
Diabetes	17.0
Diphtheria and croup	14.5
Typhoid fever	13.3

The Editor of the Campaign Notes of the American Society for the Control of Cancer, says in commenting on the above:

Cancer and other malignant tumors caused 58,600 deaths in 1916 in the Registration Area. Of these, 22,480, or nearly 39 per cent., resulted from cancers of the stomach and liver. The death rate from cancer has risen from 63 per 100,000 in 1900 to 81.8 in 1916. For the whole United States the cancer mortality is not less than 80,000 per annum). The increase has been almost continuous, there have been but two years, 1906 and 1911, which showed a decline as compared with the year immediately preceding. It is possible that at least a part of this increase is due to more correct diagnoses and to greater care on the part of physicians in making reports to registration officials. It is interesting to note from the Census announcement that "because of progress in the prevention and treatment of tuberculosis of all kinds, the decline in the tuberculosis death rate in recent years has been most pronounced, having fallen from 200.7 per 100,000 in 1904 to 141.6 in 1916, a decrease of nearly 30 per cent." This is indeed a gratifying result of education in that particular field, and should serve as a stimulus to those engaged in the campaign for the control of cancer. Although the statistics indicate that cancer is on the increase, nevertheless, encouraging evidence is now available showing effects at the principal points of our educational activities. We are continually receiving reports from hospitals, clinics, and surgeons in private practice which indicate a steady increase in the number of patients seen in time for successful treatment of the actual disease, and a very marked increase in the number of those seeking advice about abnormal and what are admittedly pre-cancerous conditions. It must be remembered that ten years of organized

effort in the field of tuberculosis was necessary to effect a marked reduction in the death rate from that disease, and that what knowledge has done for tuberculosis, knowledge will do for cancer.

We believe this hopeful view of the Control of Cancer by well-directed organized effort is fully warranted by the fact that our ablest research workers and practitioners are concentrating so much time and thought on the eradication of this fearful disease. But every member of our profession should aid the leaders in this warfare by making the earliest possible diagnosis of actual cases of the disease and giving proper and prompt treatment; and also by being on the lookout for pre-cancerous conditions which properly treated would prevent the development of cancer.

LEGISLATIVE WORK, 1918.

We have received from Dr. H. B. Costill information. In an accompanying note he says: "I am sending a brief resume of the work this winter. As you are aware, I am not chairman of the Legislative Committee this year—not even a member of it, but as my friend, Dr. G. T. Tracy has had continuous illness in his family followed by the death of his wife, I felt it was absolutely incumbent upon me to relieve him of the work as much as I could. I am afraid that the success has not been very great."

We express our own and we know that we voice the expression of all our members' sympathy to Dr. Tracy on the sad experiences of illness in his home and on the great loss he has sustained. It is fortunate that our Society had so experienced and efficient a substitute to take his place. Dr. Costill reports as follows:

Your's requesting information as to legislative matters that have come before the Legislature this winter, also enclosing a clipping from one of our Trenton papers in reference to bearing on bill 278, just received. This bill is the only legislation that has been introduced by the State Society's Committee on Legislation at this session.

This bill had its origin in a conference held in Trenton last December by surgeons and laymen, representing by far the majority of hospitals in our State. At this conference it seems to be the opinion of those present that there ought to be some change in the law governing the education and registration of nurses.

It was the unanimous opinion that the curriculum at present in use in the hospitals in this State was entirely too book-heavy and too light in practical bedside instruction. Also, that the physician being partly responsible for the education of the nurses should take part in the examination for her final degree of R. N.; that to keep up the standard of the curriculum it would be necessary to provide for an

educational inspector of the training schools. These conditions have all been met in the bill, a copy of which I am sending you.

The preliminary education qualifications, which in the present law requires in addition to a grammar school education, one year in high school, does not always give us the best qualifications for pupil nurses. The arbitrary requirement of one year in high school cuts out very many girls who in every other respect would be thoroughly qualified to enter training. We believe that this would be very much better left to the decision of the supervising nurse who, under the proposed curriculum, would examine the girl, as to her educational qualifications prior to her entering a training school.

This, of course, is the bone of contention with our nurses, and this is the point which they insisted upon retaining in the hearing which took place on the 18th. I think the nurses have sufficient influence in the present Legislature to prevent its passage.

There have been introduced the usual number of bills bearing on medical problems. The usual chiropractic, the annual anti-vaccination and the drugless-therapy bills. Of course, none of these will pass.

The osteopaths introduced a bill similar to the one that was passed last year and vetoed by the Governor, which merely provides that the prosecution of irregulars in their school shall be conducted in the same manner as that conducted by the State Board of Medical Examiners.

There are some other bills before the House, but at the present I do not know their exact status and may be able to give you information later.—H. B. Costill.

Dr. Costill refers to the Bill 278 as the only legislation introduced by the State Society's committee. We must not fail to give the committee credit for its influence in preventing improper and harmful legislation.

The following statement is appended to the bill—No. 278—referred to in Dr. Costill's communication.

This bill regulates the practice of nursing in this State by providing for the appointment of a State Board of Examiners of Nurses, and providing qualifications for admission to examinations for registration of nurses. The present law requires a grammar school education and one year in high school as a requisite to admission to the examination for registration as a nurse. This requirement bars many applicants who are in all other respects qualified to take the training and become competent nurses. There is no doubt but that an intelligent applicant may secure sufficient training to qualify her as an able nurse without having had the advantages of the preliminary education required by the present law. The hospitals of this State, since the enactment of this law, have had serious difficulty in securing a sufficient number of nurses. This difficulty while it antedated the present war conditions, has been greatly increased by them. The United States Government has made large demands upon the qualified nurses, and this has tended to a still greater decrease of the number of qualified nurses

available for general duty. This bill provides for ample training along the lines requisite to qualify a student nurse to perform the duties of a registered nurse, and it is believed will greatly relieve the present scarcity of nurses from which the hospitals and general public are suffering.

The bill also provides for the adoption of a standard curriculum for hospitals and for the appointment of an educational director for hospitals. This will serve to standardize the training received and will tend to produce better trained nurses than the present system, in spite of the fact that the preliminary educational requirements are eliminated. It is the duty of the educational director to look after the living and working conditions of the student nurses, as well as the educational facilities of the institution. This, it is believed, will make the conditions attending the training of nurses, more acceptable to the student.

THE SCARCITY OF PHYSICIANS.

We give the following extracts from an article by Dr. Bayard Holmes in the Official Bulletin of the Chicago Medical Society:

The war has come upon us at a most critical time in medical affairs. As a result of the myopic influence of self-appointed directors of medical education, liberally supported in their pernicious activities by limitless endowments of one sort or another, the number of medical students in reputable medical schools has been falling off at the rate of 1,500 a year. There has grown up at the same time an army of chiropractics and other cults of would-be medical practitioners from "schools" with hordes of deluded students. * * * In the United States, with a total of 100,000,000 and 130,000 practicing physicians and an annual increment of less than 4,000 new licentiates, we are called upon by the draft to give up all of our medical students, to the number of 15,000, and at the same time to lose all of the fit young men between twenty-one and thirty-one from whom new students should be recruited.

There ought to be 50,000 physicians and surgeons for each 1,000,000 soldiers sent to France. These men ought to be physically fit and thoroughly equipped by proper hospital and clinical experience. They need not all be young and capable of going into the ranks; indeed, a considerable portion of them ought to be men over fifty, who have had experience in administrative affairs of a broad and extensive sort. It is obviously as unwise to limit medical military service to a birthday age below fifty-five as it is to require every youth of a birthday age of 21 to 31 to go into the trenches. * * *

It is our duty as a profession to fill the medical school with young students and to there foster and teach the methods of cure, and not the tricks of passing examinations. The school itself should be imbued with the necessity of curing the sick and not of presenting therapeutic nihilism and scientific pessimism, to the confusion of the student and dwarfing of the spirit to serve and care for the sick. It is necessary to combine, co-ordinate, concentrate and intensify the medical curriculum. Make clinical service by the student his first and every-day lesson from the moment of matriculation to the end of his medical tutelage. Our present day medical graduates are not con-

spicuous for professional enthusiasm, for diagnostic judgment, for therapeutic resourcefulness, or for humanitarian and social inspiration. Our present day medical disciplinarians do not promote a love for science in the service of man.

With the reorganization of the medical schools should come a reorganization of our medical societies. They should be made democratic and socially helpful. Every other class of service has taken on a "class conscience" since the beginning of this war and it is time that the medical societies should lay aside their oligarchic form and become democratic. They should abolish their constitutions and houses of delegates, and be ruled by temporary and local conditions and serve at once the community, the patients and the families of those who are called to war. This and these things are patriotic duties, necessary, reasonable and opportune.

CANCER DECALOGUE.

The following Cancer Decalogue was recently prepared by the Standing Committee on the Control of Cancer of the Massachusetts Medical Society for publication in the Boston Medical and Surgical Journal:

1. **The Classical Signs of Cancer** are the signs of its incurable stages. Do not wait for the classical signs.

2. **Early Cancer causes no pain.** Its symptoms are not distinctive but should arouse suspicion. Confirm or overthrow this suspicion immediately by a thorough examination and, if necessary, by operation. The advice "Do not trouble that lump unless it troubles you" has cost countless lives.

3. **There is no sharp line between the benign and the malignant.** Many benign new growths become malignant and should therefore be removed without delay. All specimens should be examined microscopically to confirm the clinical diagnosis.

4. **Precancerous stage.** Chronic irritation is a source of cancer. The site and the cause of any chronic irritation should be removed. All erosions, ulcerations, and indurations of a chronic character should be excised. They are likely to become cancer.

5. **Early Cancer** is usually curable by radical operation. The early operation is the effective one. Do not perform less radical operations on favorable cases than you do on unfavorable ones. The chances for a permanent cure are proportionate to the extent of the first operation. Make wide dissections; incision into cancer tissue in the wound defeats the object of the operation and leads to certain local recurrence.

6. **Late Cancer** is incurable though not always unrelievable. Radium, x-ray, ligation, cautery, or palliative operations may change distress to comfort and may even prolong life.

7. **Cancer of the Breast.** All chronic lumps in the breast should be removed without delay. Benign tumors can be removed without mutilation. Examine all specimens microscopically. An immediate microscopical examination is desirable since, if positive, it permits a radical operation at the same sitting. A radical operation performed ten days after an exploration is almost never successful in curing Cancer of the Breast.

8. **Cancer of the Uterus.** Any irregular flowing demands thorough investigation. Offensive or even very slight serous flows are especially suspicious. Curette and examine microscopically. Amputate all eroded cervixes which do not yield promptly to treatment. Do not wait for a positive diagnosis.

9. **Cancer of the Digestive System** is difficult of early diagnosis and therefore unfavorable in prognosis. All persistent and recurring indigestions (more especially if attended by change of color and loss of weight), and any bleeding or offensive discharges demand prompt and thorough investigation. Do not wait for a positive diagnosis.

10. **Cancer of the Skin.** Any warts, moles or birthmarks which enlarge, change color, or become irritated should be removed promptly. They are likely to become cancer. Do not wait for a positive diagnosis.

Pneumonia Plague in China. — The pneumonic plague has broken out in Shansi province, China, and has assumed such proportions that all North China is seriously threatened. It is reported that this pneumonic plague is particularly virulent. Practically no one who becomes a victim of it recovers. It is the same disease that ravaged Mongolia five years ago and carried off 30,000 or 40,000 people before it was checked.

Correction. — There was an error in name given in last item of Personal Notes in our February issue. It should have been Dr. Charles A. Rosewater who had resumed practice at 671 Broad street, Newark.

Editorials from the Lay Press.

Our Medical Service.

From *Popular Mechanics*, Jan., 1918.

With our troops to France will go the largest, best organized, best equipped medical branch in the world's history. In the formation of this department we have had the benefit of the united experience of the English and French surgeons-general. Few are aware to what an extent the doctors and surgeons of the country have responded. From no other profession or occupation has the percentage of volunteers been so large.

Ten months ago in the office of the surgeon-general, in Washington, there were only six assistants; and the total enlisted medical men in both army and navy numbered 420, including our territorial possessions. When the call came, there were 143,000 physicians and surgeons in the United States. Immediately 25,000 of them volunteered for service. Of these, over 14,000 have already been commissioned.

The executive force in the surgeon-general's office has grown from six to over 200, and here are gathered each day and far into the night, and often all night, scores of the ablest surgeons in the land. Experts and professors from the largest medical schools and hospitals; doctors whose books are studied at home and abroad; surgeons who were earning a princely fortune each year, to whom patients traveled thousands of miles; others with more moderate incomes who could less well afford to do

so, gave up their practice and have joined the medical branch. And these earnest men are rapidly forging into shape the largest and most efficient surgical organization the world has ever known.

War's Benefit to Health.

From the *Newark Evening News*.

Increased evidences are cropping up daily to indicate that war is not all slaughter and waste but in many ways a blessing in disguise. Every sane person believes that this world will be a much sweeter place in which to live after the coming peace, and that we shall not have suffered in vain.

No doubt the entire world is benefiting by the sacrifices that are being made, and not the least of these benefits is the impetus to better health through less eating. The latest order issued by the hotel, restaurant and dining car division of the United States Food Administration calls for a wheatless and meatless meal each day, as well as wheatless and meatless days each week.

This order will operate against serving, at patriotically conducted places, meat courses at suppers, and will affect cabarets and after-theatre restaurants, especially in New York and the larger cities.

Will not this ruling give a great boon to health everywhere? Medical science has agreed, almost unanimously that the heavy meal before retiring is injurious, and certainly it is useless except for purposes of aiding conviviality. It is reasonable to suppose that the elimination of much of this midnight eating practice will result in a decided diminution of Bright's disease, diabetes, stomach disorders and kindred complaints. Surely the war has its compensations, and they are being revealed more and more as the days go by.

Patent Medicines.

From the *Philadelphia Ledger*.

At a time when additional revenue is imperatively needed, why do patent medicines escape a fair share of the burden? In the estimated returns from the new war tax bill these are credited with a contribution of only \$3,000,000, while cigars, cigarettes and tobacco are expected to bring in \$55,000,000, fermented liquors \$45,000,000, soft drinks \$14,000,000, and wines \$10,000,000. It is not a sufficient answer to say that these other things are luxuries—that is only partially true, at best. Nor can it be argued, on the other hand, that the patent medicines are necessities; that again is only partially true. For, although some of them serve a useful purpose, by far the greater number are injurious. They either do not cure the complaints for which they are recommended or they bring on others. It is notorious that some widely sold compounds contain a high percentage of alcohol, and that their "tonic" effect is the result of the alcohol in them, not of the other ingredients. Their large sale in "dry" territory is proof enough that they are largely used as substitutes for undisguised spirits, and often do more harm. The world would be much better off if most of them were taxed out of existence.

Special War Items.

Orders to Officers of the Medical Reserve Corps.

(Members of Medical Society of New Jersey).

Major James S. Brown, Montclair, honorably discharged on account of physical disability.

Lieut. Aaron G. Baldwin, East Orange, to Camp Lee, Petersburg, Va.

Lieut. Augustus L. L. Baker, Dover, to Camp Lee, Petersburg, Va., for duty.

Lieut. Joseph A. Belott, Newark, to Fort Oglethorpe, Ga., for instruction.

Capt. Richard Bew, Atlantic City, to Fort Riley, as tuberculosis instructor.

Lieut. Archer C. Bush, Verona, to Hoboken, N. J., for duty.

Lieut. Stephen Campbell, Woodbury, to Milwaukee, for duty, County Hospital.

Lieut. Virgil H. Cornell, Cedar Grove, to Rockefeller Institute for instruction.

Lieut. Charles Dane, South Orange, to Fort Oglethorpe, Ga., for instruction.

Lieut. Howard R. Dukes, Kearny, to the Army Medical School, Washington, D. C., for instruction.

Lieut. George B. Emory, Newark, to Camp Upton, Yaphank, L. I.

Lieut. Runkle H. Hegeman, Somerville, to Camp Kearny, Linda Vista, Cal., for duty.

Lieut. Charles P. Lingle, Arlington, to Camp Joseph E. Johnston, Jacksonville, Fla., for duty.

Capt. Jesse D. Lippincott, Newark, to Camp Wheeler, Macon, Ga., for duty.

Lieut. Horace R. Livengood, Elizabeth, to his home, honorably discharged.

Lieut. John L. Lund, Perth Amboy, to the Mass. General Hospital, for instruction.

Lieut. Jacob J. Mann, Perth Amboy, to the Army Medical School, Washington, D. C., for instruction.

Lieut. Paul O'Brien, East Rutherford, to Fort Munroe, Va., for duty.

Lieut. Henry B. Orton, Newark, to Camp Bowie, Fort Worth, Tex., for duty.

Lieut. Thomas L. Pellett, Hamburg, to Army Medical School, Washington, D. C., for instruction.

Lieut. Frank H. Pinckney, Morristown, to New Orleans, La., for instruction and on completion to Camp Hancock, for duty.

Lieut. Robert D. Schimmelpennig, Montclair, to Northeastern Department for duty in coast defense.

Capt. Elbert S. Sherman, Newark, to Mineola, L. I., Hazelhurst Field, in connection with the Medical Research Board.

Lieut. William J. Summers, Boonton, to Army Medical School, Washington, D. C., for instruction.

Lieut. James M. Torrence, Phillipsburg, to Fort Oglethorpe, Ga., for instruction.

Lieut. John F. Weber, South Amboy, to the Army Medical School, Washington, D. C., for instruction.

Example of Our Profession's Patriotism and Charity.

Not only did Dr. Lucius F. Donohue of Bayonne give away the thirty-one tons of coal in his home here, but he paid for the delivery of it to the recipients. One ton was given to the

Day Nursery and half a ton to each of thirty poor families.

Dr. Donohue is a captain in the Medical Corps at Camp Taylor, near Louisville, Ky. Hearing of the coal famine here, he wrote to his sister and arranged with her to have his coal divided as set forth.

Dr. Henry J. Harp of Sussex, N. J., has been mustered out of service in the Medical Reserve Corps of the Army in compliance with a petition presented to the War Department by the residents of Sussex, pointing out that the community was without adequate medical help and needs his services. Dr. Harp was stationed at Fort Oglethorpe, Ga., for three months and at Camp Dix for more than a month.

The War Department Returns Dr. Pellett.

—Dr. Thomas Lawrence Pellett, who was ordered into army service some months ago, despite petitions of residents of the town and nearby to allow him to continue his private practice, has been sent home by the War Department. Dr. Pellett will be placed on the inactive list. He is the second county physician to be ordered home after being in service.

Cape May Hotel a War Hospital.—The Hotel Cape May, at Cape May, N. J., has been leased by the government for hospital purposes, at an annual rental of \$99,000. It has 600 rooms. The hotel is within two miles of the Henry Ford farm, on which are located the Wissahickon Barracks, where about 3,000 naval reserve men are being trained.

War Hospital at Iselin, N. J. . .

The War Department has made the appropriation for, and has ordered the construction of, the United States General Hospital No. 3 at this place. The contract provides for the construction by June 1 of forty-two buildings, for 1,000 patients, the medical staff, nurses and the hospital organization. Members of the quartermaster corps, commanded by Major Edward B. Ellicott, are now quartered on the site. The work began January 29.

Hospital to be Erected at Fort Hancock.

A convalescent hospital and supply depot are to be erected at Camp Hancock at once, at a cost of \$1,000,000. The sum to be spent will almost equal the original cost of building the camp. The site of the new buildings will be near the base hospital.

Another Base Hospital at Front.—A navy base hospital made up of physicians, nurses and enlisted men from Leland Stanford University Medical Department, San Francisco, has reached the war zone recently. The hospital has a capacity of five hundred beds and will take care of navy personnel ashore and afloat and if accommodations are available will care for army and allied sick and wounded. All members of the hospital unit are enrolled in the naval reserve force.

American Sanitary Unit Wins Honors.

Surgeon-General Gorgas has received word from Col. J. R. Kean, chief of the ambulance service of the American Expeditionary Force,

a message stating that the American Sanitary Unit 646, serving with the French forces, has been twice cited in French orders, and has thereby won the award of the Croix de Guerre.

Daily Inspection of Army Hospitals Ordered.

—The Secretary of War, under date of February 1, issued orders through the Chief of Staff to all divisions and post commanders to have an officer of their staff make a daily inspection of hospitals connected with the camp or post and a daily report to the commanding general, and, in the event of the discovery of any condition needing attention beyond that under his immediate control, to report the fact to the chief of staff for the information of the Secretary of War.

Disease Conditions Among Troops in the United States.

—A statement issued from the Surgeon General's office shows that the annual admission rate for disease only, per 1,000, for all troops in the United States is 1713.6; for the National Guard Camps, 1506.2; for the National Army Camps, 1995, and for the Regulars in Divisions and Departments, 1485.7. The non-effective rate per 1,000 on the day this report was made was as follows: All troops, 51.1; National Guard Camps, 49.6; National Army Camps, 55.7, and Regulars, 41.3.

Infectious Diseases in Training Camps.

Medical officers of the army and navy are much concerned over the frequency with which infectious diseases of all kinds develop among the recently drafted men now in the training camps. Among these are meningitis at Camp Funston, malaria at Camps Logan and Pike, typhoid at Camp Dix, measles at Camps Wheeler, Shelly, Sevier and Bowie and pneumonia at Camp Pike. This is in contrast, it seems, to the regular army camps, which show remarkable freedom from infectious diseases. As a result of a conference held in Washington by health officials and medical officers of the army and navy a request had been sent to physicians practicing among the civilian population in the territory adjacent to military training camps to exercise caution that infectious diseases do not spread to the men in camp.

Examining Boards' Reports.

Tuberculosis Examining Board at Allentown, Pa., of 220 officers examined, five were found to have active tuberculosis, and of the 5,293 men examined, 18 had active tuberculosis.

Tubercular and Cardiovascular Board at Fort Niagara and Gettysburg. At Fort Niagara in the First Reserve Officers' Training Camp, 2,000 were examined and in the Second Camp 2,200. Only a few cases of active tuberculosis and but a small number of disqualifying cardiovascular disease cases were found. At Gettysburg more than 10,000 enlisted men were examined, including 29 cases of active tuberculosis and 62 cases of disqualifying cardiovascular disease. Dr. Eshner called special attention to the large number of cases in which a murmur was audible in the third left intercostal space near the sternum, often transmitted obliquely upward to the left, and which he was disposed to attribute to physical changes of an undetermined character induced

in structures at the base of the heart in consequence of the great physical activity to which the men were subjected in the course of their training. Also he expressed the view that a third sound or even a well-developed presystolic murmur could be generated as a result of temporary or permanent derangement in the relations between the left auricle and ventricle and the mitral orifice, whether in consequence of actual antecedent disease or from abnormal functional demands.

Tuberculosis and the War.

Dr. Kerr, the able health officer of Newcastle-upon-Tyne, England, gives a summary of the tuberculosis statistics of his city for the past five years, and shows that the number of deaths from pulmonary tuberculosis has increased, both numerically and relatively, since the outbreak of the war. He says: "All the European nations participating, however slightly, in the war have suffered a definite and, in the case of the chief belligerents and those whose territory has suffered most, an alarming increase in the deaths from pulmonary tuberculosis among their civil populations. Great Britain has suffered the least so far in every way, including this, but even so, her tuberculosis toll has risen perceptibly, and this is readily seen in the industrial areas such as our own city."

He gives as the chief conditions that are specially likely to render persons most susceptible to contract and succumb to tuberculosis of the lung; poverty, either actual or relative, the rising cost or scarcity of food and other necessities of life; bad or insufficient housing with overcrowding and lack of fresh air; overstrain, either physical or mental and influence of employment of girls between 15 and 20 years of age in factory, shop, office or heavier outdoor employments.

His study emphasizes anew the intimate relation existing between economic conditions and pulmonary tuberculosis. They lend weight to the contention that the initial infection in tuberculosis is in infancy, and that the development of manifest disease in later life is due to other factors, largely economic, which operate by breaking down the resistance of the infected individual. A consideration of the facts here presented is commended to the attention of those superficial students of medicine who consider that the etiology of tuberculosis begins and ends with the tubercle bacillus.

Tuberculosis Board at Camp McArthur, Waco, Texas.

Nearly 12,000 men were examined, coming from Wisconsin and Michigan. A remarkable finding was the hundreds of cases of hyperthyroidism, some of them being of very large size. Many of them showed cardiac murmurs, a few had tremors and tachycardia, while but very few presented scars from operative interferences. Five hundred and ninety cases were referred to the cardiovascular board. While no classified table was made, it was noted that there seemed to be an unusually large proportion of cases of aortic regurgitation.

Government Tuberculosis Hospitals. — A large tract of land has been acquired by the

Government adjoining the New York City Department of Health's municipal tuberculosis sanatorium at Otisville, N. Y. The Government intends to erect a hospital to house 800 soldiers suffering from tuberculosis. The New York City Health Department has placed at the disposal of the Government its pavilions on North Brother's Island. It is expected that the new hospital at Otisville will be completed within four months. Other homes for tuberculous soldiers are to be established at New Haven, Conn., at Whipple Barracks, Prescott, Ariz., Asheville, N. C., and Denver, Col. It is understood that they will cost about \$550,000 each.

Moratorium for Soldiers and Sailors.

Senate Bill No. 2859, providing a moratorium for soldiers and sailors for the duration of the war has been passed unanimously by both the House of Representatives and the Senate of the United States. Dr. R. R. Denny, chairman of the Physicians' Lease Committee of the Chicago Rotary Club, who has been active in pushing this measure, advises us that the bill will be of very great value to physicians, who have joined the service, in the settlement of their leases. We urge our readers to procure copies of this measure and study its bearing upon the status of physicians' leases, as it will be found that the bill gives much needed relief to physicians joining the army. The committee and its chairman are to be congratulated on the success of their efforts in obtaining the passage of this bill.

That is a strong testimonial to the morality pervading the American troops camps somewhere in France under General Pershing's command, when the Catholic and Protestant chaplains in concurrent report agree in affirming "We have a clean army." The chaplains state that "American soldiers in France are in less moral danger than they would be if in service in the United States." With such evidence from a responsible and reliable source, parents and relatives of our troops in France cannot but feel gratified the latter are not in danger of drink or of vice of any character.

Mr. Gompers and the German Trade Unions.

Requests by German labor that the American Federation of Labor participate in a workers' conference have been refused by Samuel Gompers. The invitation was from Karl Legien, head of the Federated Trade Unions of Germany and a Social-Democrat leader in the Reichstag. It developed that it was to the Legien offer that Mr. Gompers referred in his Washington's Birthday speech. Then he declared: "I say in the name of the American labor movement 'You can't talk peace with us now. Either you smash your autocracy or we will smash it for you.'"

Army Medical Department Needs 10,000 Men.

The Surgeon General's Office states that at least 10,000 men, between the ages of eighteen and forty years, are urgently needed for the Medical Department of the United States Army. Candidates should apply to any recruiting officer of the Regular Army or to the medical officer of any military post or cantonment. Enlistments are for the period of the emergency, unless sooner discharged.

Provision for Sick Soldiers.—The commissioners of Jersey City have authorized Mayor Haig to expend \$20,000 in fitting up additional hospital quarters, because of the great increase in population surrounding Jersey City as a consequence of the establishment of Camp Merritt and other camps within a short distance of the city.

Therapeutic Notes.

Hepatic Colic.

As the first measure for relief of the agonizing pain in this condition Whitla gives a hypodermic injection of morphine, $\frac{1}{4}$ to $\frac{1}{3}$ grain, combined with atropine. Chloroform affords complete relief and allows the passage of the stone through the orifice of Vater, due to the relaxation of the muscles. In mild attacks a large hot poultice or hot pack or stupe may be placed over the liver, but a bath in hot water is even better—105° to 110° F.—together with copious draughts of hot water in which bicarbonate of sodium, 60 grains, and sodium salicylate, 20 grains, have been added to each pint.

When attacks are to be expected the following mixture may be kept on hand and administered as soon as the attack begins:

Liquor. morphinae hyd., 3iv.

Tinct. cannab. ind., 3ij.

Olei, menthae pip., 3ij.

Spt. aether, sulph., 3iv.

Spt. chloroformi, 3vj.

Spt. aether. nit., ad., 3iij.

M. Ft. Mist. Sig.—A teaspoonful with a tablespoonful of whiskey in a wineglassful of water when the pain comes on. To be repeated in 30 minutes if the pain continues and every 2 hours thereafter until relief is obtained.

Whitla also suggests olive oil as a measure for relief during the attack. It may be given in doses of 5 or 6 ounces, combined with a tablespoonful of whiskey or brandy, and five drops of oil of peppermint. Fifteen ounces of the warm olive oil may also be injected into the rectum. In the after treatment olive oil may be given in 4 to 3 ounce doses on an empty stomach.—Dictionary of Treatment.

Combined Internal Antiseptics in Intestinal Diseases.

Dr. L. W. Seymour, in the British Med. Jour. recommends the following treatment on the basis of twenty-five years of experience in dysentery and other infectious diseases. Half an ounce, or sixteen mils, of the following formula is given by mouth three or four times daily in the average case:

Phenolis liquefacti, 2.5.

Quininae sulphatis, 2.0.

Acidi sulphurici diluti, 8.0.

Glycerini, 30.0.

Aquam, ad 250.0.

The phenol may be increased to 0.25 mil and the quinine to 0.25 gram a dose in severe or chronic cases. The mixture is to be taken with water. Its use gives satisfactory results in the following infections: dysentery, plague, typhoid fever, malaria, erysipelas, septicemia, puerperal fever, and carbuncles. Finally its administration causes infected wounds to heal

promptly. No ill effects are produced by the administration of even the larger doses for long periods of time.

Acute Cystitis.—In acute cystitis of whatever origin, accompanied by a great deal of general nervous irritability, accidulate the urine by giving benzoic acid five or ten grains well diluted every four hours and follow it up by the following combination: Urotropin seven and a half grains, acetate of potassium ten grains, and sodium bromide ten grains every four hours well diluted will be followed by instant relief. If there be strangury, add tincture of belladonna, seven and a half minims to the above combination. In the chronic form of cystitis irrigation of the bladder, with one to five thousand solution of potassium permanganate will add greatly to the comfort and cure of the disease. Take up the slack by the administration of arbutin and strychnine over a long period.—*Jour. Mo. Med. Assn.*

Asthma.—Arsenic dilates the capillaries, soothes the nervous system, acts as a stimulant upon the blood-making organs, and possesses germicidal powers; it makes pure and rich blood and strengthens the defensive powers of the organism. The organic compounds of arsenic are less toxic than the inorganic ones.—*American Jour. Clin. Medicine.*

Chancre.—Never cauterize a chancre. Make applications of calomel ointment or powder, or use black wash.

Chronic Internal Hydrocephalus.—Dr. C. A. Elsberg, in the *Interstate Medical Journal*, reports that he has had remarkable success with repeated lumbar puncture every few days, withdrawing fifteen to thirty c. c. each time, and thyroid extract in increasing doses up to the physiological limit. This treatment is indicated and of value only in those cases due to hypersecretion.

Digitalis in Pneumonia.—Digitalis is the most useful drug in cases of pneumonia with organic heart disease. It should be given from the beginning of the attack in moderate doses, ten drops of a good tincture three times in twenty-four hours. This dose can be increased if the heart shows signs of dilation; 10 drops used by the mouth or hypodermically can be given every three hours, care being taken that the quantity given is not large enough to cause poisoning. The digitalis must be obtained from a source which will insure a potent article.—*Dr. Fussell, Penna. Med. J.*

Sedative for the Nerves.

In women during the mesopause, nervous symptoms are always present and distressing to the patient. Hare suggests this formula for relief of the same:

Ammonii bromidi, 3ij.

Potassii bromidi, 5iv.

Spirit. ammon. aromat. f3vj.

Aquae camphorae, q.s., ad f3vj.

M. Sig.: A dessertspoonful to a tablespoonful every four hours.—*Practical Therapeutics.*

Tonsillitis—Aconite in.—Dr. A. J. Rodman, in the *Therapeutic Gazette*, says: If the medi-

cal fraternity knew the influence aconite has on the tonsils its diseases would be much less troublesome. I learned this power of aconite over the tonsils accidentally. When called to treat quinsy, a very common disease in Illinois, where I then resided, and finding the tonsils inflamed and largely swollen, I used aconite quite freely in their treatment, and soon found I had a very effective remedy for that painful disease—and unless pus had already formed when called to the case, I never had that disagreeable termination of the disease.

Ulceration in Conjunctivitis.—The following is an exceptional combination as an antiseptic stimulant to ulceration in conjunctivitis:

Hydrochlorate of hydrastin, 1 grain.

Sulphate of zinc, 3 grains.

Rose water, 1 ounce.

From five to ten drops in a dram of warm water may be dropped slowly into the eye two or three times a day. I have used this formula for many years. I am confident that for any form of persistent ulceration this combination can be varied to suit the condition and will be found valuable.—*Ellingwood's Therapeutist.*

Hospitals, Sanatorium.

All Souls' Hospital, Morristown.

All Souls' Hospital has announced a campaign to raise \$35,000 during the week beginning March 18. Of the total, \$25,000 is needed to complete and furnish the new hospital building and \$10,000 to pay off the floating debt, which has been accumulating for three or four years.

Overlook Hospital, Summit.

The hospital campaign has raised over \$5,000 to meet a deficiency. It has added 225 members to the Woman's Auxiliary, making its membership 425.

St. Peter's General Hospital, New Brunswick.

The tenth annual report of this hospital has recently been issued. We cull from it the following facts:

The hospital provides for the indigent as well as the private patient, with 94 beds and has the capacity for general hospital purposes, besides a maternity department containing fourteen beds, private and semi-private, with delivery room and nursery, making a total of one hundred and eight beds. 2,122 patients were treated in the hospital during the year 1917 and 1,205 outside patients were treated; 1,100 were free resident patients. 179 obstetrical cases were cared for. A new x-ray apparatus was installed, with accessories. The Training School for Nurses has had a very successful year and the training has been thorough. Eight graduated last year; the senior class has 12 members and the junior 15.

Of the 2,122 patients, there were discharged cured, 1,875; improved, 13; unimproved, 26; deaths, 52; dying within 24 hours after admission, 90; in the hospital Dec. 31st., 66; Average days' stay of patients, 13 days per patient; average cost per day per patient, \$1.32. In the surgical division there were 1,-

018 operations, 198 cases not operative. In the obstetrical department there were 179 parturition cases, 144 normal; 32 instrumental; Caesarian section, 3. Medical division, 365 cases. Of operations, there were 287 appendectomies with 3 deaths and they out of the 15 gangrenous and perforated cases. The x-ray department had had 150 patients; 200 radiographs taken. The medical and surgical staff has 18 members: Dr. Frank M. Donohue, president; Drs. Rice, Riva, Howley, Voorhees, Runyon, Gutmann, Brown, Sullivan, Saulsberry, Scott, Anderson, Faulkingham, Merrill, Nafey*, Klein, Gruessner* and Hoffman.

*Commissioned and in M. R. C. service.

Bonnie Burn Sanatorium.

Dr. J. E. Runnells, superintendent, reports that on December 1, there were present at the sanatorium, 172 patients—107 males and 65 females. During the month eighteen patients were admitted, 10 males and 8 females. These are classified as follows: Incipient, 2; moderately advanced, 3; far advanced, 12; bone tuberculosis, 1. The largest number of patients during the month was 179; smallest number, 171.

Marriage.

VOORHEES-WARD.—At Princeton, N. J., Jan. 19, 1918, Dr. Howard Crosby Voorhees, of New Brunswick, to Miss Florence M. Ward, of Newark.

Deaths.

BILDERBACK.—At Salem, N. J., February 22, 1918, Dr. Francis Bilderback, from pneumonia, aged 72 years.

Dr. Bilderback was the son of Judge Alpheus Bilderback, a Lay Judge in the Salem County Court. He graduated from the University of Pennsylvania School of Medicine in 1870. He ranked high in his profession and was highly esteemed by his brethren in the profession not only but by all who knew him; he had an extensive practice and his death makes a vacancy in the life of Salem which will never be filled.

He had a personality that made him friends everywhere. He was so quiet yet always so cheerful, so unassuming yet such a strong character, so unprofessing yet living and acting every day the truest and best kind of religion. The phrase "to know him was to love him" has been weakened by too frequent and insincere use, yet it has added and renewed strength and meaning when spoken of him.

He was more than a success in life for he helped others to success. Always jolly and cheerful himself, he took sunshine and cheer wherever he went and a patient's suffering seemed to lessen when Doctor Bilderback entered the room. And he was more than a physician to many for hundreds are the poor in this city who called on him for medicine and advice and who received not only both but also substantial prescriptions of food and fuel as

well, for none of which they ever received a bill. The world is better and brighter for his having lived therein and if it could ever be said of any one it can be truly said of him that he has not lived in vain.

He was a member of the Salem County Medical Society, the Medical Society of New Jersey and the American Medical Association.

BINGHAM.—At the sanatorium of Dr. Mills, Morristown, February 24, 1918, Dr. Harry V. Bingham of Madison, N. J., aged 41 years.

Dr. Bingham was born in East Haddam, Conn., graduated from the New York Homeopathic Medical College in 1905. He settled in Madison six years ago. He underwent an operation in New York for kidney disease a year ago and had not been in good health since.

CROSBY.—At Atlantic City, N. J., February 7, 1918, Dr. George W. Crosby, aged 66 years. He graduated from the Homeopathic Medical College and Flower Hospital, New York City, in 1878.

JONES.—At Basking Ridge, N. J., February 8, 1918, Dr. Frederick C. Jones, from pluropneumonia, aged 63 years.

Dr. Jones was born in Morristown; graduated from the College of Physicians and Surgeons, New York City, in 1877. He settled in Basking Ridge 35 years ago, where he has continued practice since. He was a member of the Somerset County Medical Society, the Medical Society of New Jersey and a Fellow of the American Medical Association. He was also affiliated with the Cincinnati Lodge, F. and A. M. of Morristown.

SEVERANCE.—At Camden, N. J., February 9, 1918, Dr. Ella Eliza Severance, aged 61 years. She graduated from the Boston University School of Medicine in 1901.

Personal Notes.

Dr. Charles G. Boyer, Annandale, and wife recently returned from a visit in Philadelphia.

Dr. E. P. Cooper, Parsippany, was recently appointed medical inspector of the Hanover Township Schools, succeeding Dr. Jennie A. Dean, now in Red Cross work in France.

Dr. John W. Donges, Camden, who was confined to home by illness, has recovered and resumed practice.

Dr. George B. Emory, Newark, who was stationed at Camp Meade, has been assigned to Camp Upton, Yaphank, L. I.

Dr. Frederick S. Knowles, Boonton, a British subject, has been notified that his services will be needed in the Medical Corps, according to the report in the Newark News.

Dr. Henry C. Kice, Wharton, gave an illustrated lecture at a meeting of the Parent-Teachers Association of the Belmont Avenue School recently on the life of the boys in the various camps.

Dr. Frederick Morrison, son of Dr. Ephraim Morrison, Newton, has been under treatment for pneumonia at the Post Graduate Hospital, N. Y. City; he is convalescing and expects soon to resume duty as an officer in the M. R. C.

Dr. William E. Ogden, East Rutherford, was confined to his home for several days last month by a severe attack of grippé.

Dr. Harry Vaughan, Morristown, captain in the M. R. C., was ordered to report March 1st for duty at General Hospital No. 4, Fort Porter, Buffalo, N. Y.

Dr. George E. Gallaway, Rahway, has been spending a few weeks in Florida.

Dr. Walter A. Reiter, Summit, gave an address on bacteriology to the nurses of Overlook Hospital recently.

Dr. Thomas S. Dedrick, Washington, is president of the Washington, N. J., Library Association.

MEDICAL EXAMINING BOARDS' REPORT.

	Exam.	Passed	Failed
Alabama, July ..	44	32	12
Arkansas, Nov....	12	10	2
Colorado, July ..	27	20	7
Colorado, October.	7	6	1
Connecticut, July	37	24	13
Connecticut, Nov.	29	18	11
Delaware, June ..	9	9	0
Dist of Col. Oct..	8	7	1
Georgia, October.	10	10	0
Maine, March ...	5	5	0
Missouri, Sept. ..	20	16	4
Maine, July	23	23	0
Michigan, October	15	15	0
Nevada, November	2	2	0
Ohio, June	157	154	3
Oregon, July	21	18	3
Rhode Island, July	5	5	0
Rhode Island, Oct	7	1	0
Texas, June	119	115	4
Washington	43	40	3
West Virginia ...	38	37	7

Advances Proposed at Columbia University School of Medicine.

Columbia University School of Medicine is proposing the addition of a fifth year the curriculum, to be spent by the student as an intern in a hospital. The reasons given for this are, first, the overcrowded condition of the curriculum and, second, the fact that a number of States now require the completion of an internship before candidates will be permitted to take the examination for license. The plans suggest that the degree of bachelor of medicine may be granted on completion of the present four-year course, and that the M. D. degree be withheld until after the internship has been completed. It is also proposed to have this intern year under the supervision of the medical faculty, so that the work of each intern will be carefully directed, in order that he may obtain as profitable an experience as possible. Other students who obtain the degree of bachelor of medicine, but who do not wish to enter on the practice of medicine, instead of taking the intern year may substitute advanced courses in research and laboratory subjects, and prepare themselves for the degree of master of science or of doctor of philosophy.

Think all you speak, but speak not all you think. Thoughts are your own, your words no more.

Public Health Items.

Why Curse a Child?

Why curse a child with misery

Within this vale of woe?

What blessing waits where poverty

Brings sorrow's overflow?

Why give a child frail flesh, disease—

A heritage of pain?

Can all the water in the seas

Efface so foul a stain?

Why curse a child, an innocent,

With weakness, want or vice?

If evil in the blood is blent,

Each is a sacrifice.

Lurana Sheldon.

Court Sustains Privacy of Health Department Records.

—Following the refusal of the health department to accede to the request of Charles M. Higgins to furnish certified copies of certificates of all the thirty-three fatal cases of tetanus occurring in the city in 1915, application was made to the supreme court, County of Kings, for a writ of mandamus to compel the commissioner of health to furnish the copies requested. The supreme court has handed down a decision denying the application and dismissing the proceedings.

Medical Inspection. — The authority which has the right to compel attendance at school has the added duty of insisting that no harm shall come to those who go there.—Health Bulletin.

Children Lack in Physique.—Dr. Thomas D. Wood of Columbia University at the annual meeting of the New Jersey State Teachers' Association at Atlantic City, said that 60 to 75 per cent. of the children in the public schools are physically deficient; that the soldiers in the army to-day are receiving better health supervision than our school children.

Dover's Health Report.

The total number of deaths during 1917 was 144, showing a death rate of 9.83 per 1,000 population. The number of birth was 252—a rate of 21.91 per 1,000 population. There were 9 cases of scarlet fever of mild form.

Measles in New Jersey.—Measles is prevalent to such an extent in the towns of western Essex County, New Jersey, that the schools and Sunday schools have been closed until the epidemic abates. The schools of Roseland have been closed for two weeks.

Department of Health, Newark.

The February Bulletin contains an interesting article on Accidents in Newark in 1917. There were 621 deaths in the city during January, 103 being caused by pneumonia—lobar and broncho; 92 by Bright's disease and nephritis; 68 by organic heart disease; 61 of tuberculosis, all forms; 27 by cancer, tumors, and 5 cirrhosis of liver; 43 of apoplexy. There were reported 411 cases of pneumonia; 122 of tuberculosis; 88 of scarlet fever; 81 diphtheria; 500 of measles; 499 of mumps and 300 of

whooping cough. There was a total of 2,219 reported.

The death rate for the month was 18.0 per 1,000 population against 16.4 for the previous month. 274 children were treated at the tuberculosis clinic. 94 adults were also treated at the clinic. At the City Dispensary, 2,104 patients were treated, 145 were sent to hospitals. A Narcotic Clinic for the Study and Treatment of Drug Addicts has been established, held in the City Dispensary, Plane and William streets, on Mondays, Wednesdays and Fridays at 3 o'clock P. M. The co-operation of the medical profession is invited.

State Department of Health.

Dr. Jacob C. Price, Director of the Department in his annual report for the year ending December 31, 1916, gives the following figures: Received during the year 44,186 certificates of death; 70,211 certificates of births; 31,169 of marriages; 3,221 of stillbirths. The death rates was 14.71 per 1,000 of population as against 13.70 the preceding year.

Dr. Price says: "Given the perfected organization, power and means for fighting disease, now so successfully applied by the military system, the domestic health system will obtain results that will not spell simply victory, but will increase the productive capacity many fold for every dollar expended and at the same time reduce the heavy cost of needless illness. Sanitary science has demonstrated capacity to secure the highest degree of healthfulness and freedom from disease in the most difficult environment—crowded camp life.

He says in discussing the lack of funds as greatly hampering the work of the department, that four cents per capita is approximately the amount appropriated annually for State public health use in New Jersey, when the best informed experts place the amount for efficient public health service at from fifty cents to one dollar per capita. This is from twelve to twenty-five times more than the allotted amount in New Jersey. He reports that "during the year the department made a special study, seeking to determine just what lines of activity would secure the largest return for every dollar expended in the three great ultimates, prevention of disease, preservation of health, and increased vital capacity to the end that we may concentrate our limited resources upon the most vital lines. It is of more importance to develop child hygiene and to check communicable diseases than to detect adulterations that do not affect the health, and if we have not sufficient funds to cope with both we had best concentrate our efforts in conserving the public health."

Dr. Fitz Randolph, Assistant Director, in his report, refers to the present laws as making the State Department the servant of every local Board of Health and renders it impossible for the bureau to make the best use of its men. He made some suggestions as to changes needed in the laws to increase the efficiency of the department.

Vital Statistics of New York City for 1917.—Statistics prepared by the Bureau of Records show that the death rate for 1917 was 13.78, which is the lowest rate ever recorded in the

city. The rate for 1916 was 13.89 and for 1910, 16.00. This lowered death rate has been effected largely through the reduction in the mortality in the early year of life. Another factor in lowering the death rate has been the reduction in the prevalence of certain infectious diseases. This reduction has been most pronounced in the case of typhoid fever, which despite the large increase in the city's population, has been reduced from 588 deaths in 1910 to 229 in 1917. The respiratory diseases continue to be responsible for a large number of deaths annually, the rate of pneumonia of all forms being 1.93 for 1917, which is exactly the same as in 1913. The death rate from tuberculosis shows an increase over that of last year, the rate being 1.55 in 1917 as against 1.50 in 1916. The common infectious diseases—measles, scarlet fever, whooping cough, and diphtheria—show a considerable decrease as compared with the rates ten to twenty years ago. In contrast to this certain diseases of adult life, as heart disease, Bright's disease, and cancer, fail to show any decrease and the death rate from cancer continues to increase, the rate being 0.77 in 1910 and 0.86 in 1917. There were last summer 539 deaths from heat stroke, the largest number from this cause in New York since 1901. The death rate from automobile accidents shows an increase from 5.64 per 100,000 in 1913 to 9.07 in 1917. The number of suicides in New York decreased from 836 in 1916 to 768 in 1917.

The Hands as Disease Spreaders.—The great agent in the spread of those diseases whose causative organism is present in the secretions of the mouth and nose, is the human hand; and if saliva was bright green we would be amazed at the color of our fingers. As a matter of fact most of us carry our fingers to our mouth or nose many times daily, there to implant the germs of disease which other careless people have spread about, there to collect a fresh cargo of infectious material to scatter for somebody else.—Public Health Bulletin.

Earnings and Infant Mortality.—That the chance of life of the baby grows appallingly less as the father's earnings grow smaller is showing by the combined results of the bureau's studies of infant mortality among 13,000 babies in eight American cities—Johnstown, Pa.; Montclair, N. J.; Manchester, N. H.; Brockton, Mass.; Saginaw, Mich.; New Bedford, Mass.; Waterbury, Conn., and Akron, Ohio. One-fourth of all the fathers earned less than \$550 a year; in these families every sixth baby died. Only about an eighth of the fathers earned \$1,050 or more; of their babies only one in sixteen died. The rise of prices and the disorganization of social and industrial life with the war accentuate the importance of this persistent relation of income to infant mortality.—Bulletin, Children's Bureau.

Preserving Health; Curing Disease.—As the science of medicine is so extensive and the life of man too short to attain the whole, physicians of experience must be separated from the foolish, they must "purify themselves, make themselves white and be refined." (Daniel xii., 10), for by their constant study of literature and ceaseless investigation they dis-

tinguish themselves from the rest of mankind.

The physician does not bring about the cure, but he prepares and smoothes the way for nature; nature is the actual healer. The need of the physician is twofold, preserving health and curing disease; and the demand for the former is greater than for the latter; for it is better for man that he avoid becoming ill than that he become ill and be cured.—Isaac Judaeus, 830-892 A. D.

Health of the Average Citizen.—The first campaign of life extension work was conducted in Vance County. During six weeks about 400 persons were examined, one-third of whom were women. Ninety-eight per cent. were found physically imperfect; 57 per cent. were in actual need of medical attention and were referred to physicians for treatment; 33 per cent. were unaware of any impairment, and some of these were carrying blood pressures of over 200, while a number showed signs of active tuberculosis and were still unaware of their condition.—North Carolina Health Bulletin.

Country Boys not Physically Superior to City Boys.

In order to determine whether the average of physical soundness is higher among country boys than among city boys, the following comparison was made: Selection was made of a typical set of cities of 40,000 to 500,000 population, with no large immigrant element, and distributed over ten different States (Alabama, Arkansas, California, Colorado, Kansas, Montana, Nebraska, New York and South Carolina), and a corresponding set of counties of the same total size, located in the same States and containing no city of 30,000 population, the total number of registrants in the two areas being 315,000. The result of the comparison was as follows: Of 35,017 registrants in urban areas, 9,969 were rejected; of 44,462 registrants in rural areas, 12,432 were rejected, or 28.47 per cent. of city boys and 27.96 per cent. of country boys. The result, therefore, was practically a tie, showing that the country boy does not possess a greater degree of the physical soundness necessary for his acceptance as a soldier.

Old Age Dependency.—It is estimated that one and one-quarter million persons in the United States who have reached the age of 65 are in want and are supported by charity, public and private. This means that 28 per cent., or, in other words, more than one out of every four are dependent on public or private charity. In Massachusetts, where an excellent census was recently completed (1915), it was found that close to 35,000 persons out of a total of 190,000 were the recipients of public or private relief. This constitutes 18.2 per cent. of the total population 65 years and over, but does not include a very large number who received assistance or maintenance from relatives and other unregistered sources.—Louis I. Dublin, *The Vital Statistics of Old Age*.

Health and Recreation Clubs.—In the Albany public schools a campaign is going forward in the formation of health and recreation clubs among the pupils of the sixth, seventh and eighth grades of the entire school system for

the improvement of their health and general well being, as well as to cultivate discipline and other good qualities and make better citizens of them. With the co-operation of the board of health and the entire school organization, including the director of health, Dr. C. P. McCord a complete plan for the formation and conduct of these clubs has been worked out, and in the November Health Messenger, the school bulletin, prepared and printed in the schools, this plan, including a form of constitution, a club manual, blanks for reporting, rules for the conduct of meetings, inspections, etc., are fully set forth. The organization of the clubs will be effected by the school nurses and teachers with the co-operation of the principals. At the end of the year, health and recreation club certificates will be awarded to those grades attaining certain standards in health habits and recreational activities. This will induce a wholesome rivalry between the boys and girls and between the different grades. This represents an effort in co-operation among the children and youth of the schools for the production of healthier, better citizens that is deserving of imitation in the schools throughout the country.

Medico-Legal Items.

Waiver of Privileged Communications Privilege.—Under the Michigan statute prohibiting disclosure by a physician of information imparted to him in his professional capacity by a patient, with an exception in case of a contest of the will of such patient, the Michigan Supreme Court holds that a waiver by an insured, in a fraternal benefit policy, of a privilege relating to the disclosure by attending physician of information obtained while acting as such, was inoperative to render a physician's testimony admissible in a suit on the policy.—*Gilchrist vs. Mystic Workmen*, 163 N. W. 10.

Physician's Compensation Under Workmen's Compensation Act.—The Indiana Appellate Court holds that an employer's direction to a physician to take an injured employee to the hospital, give him close attention, and "do the best you can for him," coupled with the serious nature of the injury, severe third degree burns over the face, hands, chest and hands, and the employer's knowledge thereof, was sufficient to warrant the inference that the physician was authorized to treat the employee beyond the thirty-day period specified in the Workmen's Compensation Act, rendering the employer liable for reasonable charges.—*In re Myers*, 116 N. E. 314.

Duty of Sanitarium to Patients.—The Arkansas Supreme Court holds that the proprietor of a hospital or sanitarium is bound to give a patient reasonable care and attention, and to have that knowledge of the necessities of his case which would result from such care and attention, and from the possession of ordinary skill in his treatment, and, though he does not contract for the services of a special nurse, is bound to see that the patient has such attention as his condition apparently makes neces-

sary, and is liable for damages if his failure to perform such duty results in injury to the patient.—*Durfee v. Dorr*, 186 S. W. 62.

Contract for Physician's Services.—Insurance.

A corporation entered into separate contracts with, among others, a physician, whereby the physician agreed to sell his services to such persons as the corporation might direct for a consideration to be paid him by the corporation. Venereal diseases, chronic and incurable diseases, and major surgery were excepted. The corporation then contracted with its subscribers to procure for them medical service free (with the exception that the subscriber should pay the physician one-half the causes no actual discomfort, little attention is paid to the condition till the individual discovers that he is not hearing as well as he ought. A hearing test will invariably show more or less deafness. If not more than two or three months have elapsed, the chances are that the hearing can be restored to normal, but beyond that limit the probabilities are that more or less permanent damage to the hearing has resulted.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

The Institution Quarterly Official Organ of the Public Welfare Service of Illinois. Vol VIII., No. 4, December 31, 1917. Published by Department of Public Welfare of Illinois. Editor, A. L. Bowen, Superintendent of Charities, Springfield, Ill.

Military Ophthalmic Surgery, by Allen Greenwood, M. D., Major M. R. C., U. S. A. Recently Honorary Lieut.-Colonel, Harvard Surgical Unit with the Royal Army Medical Corps, British Expeditionary Force.

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"Clinical Lectures on Infant Feeding," by Lewis W. Hill, M. D., Children's Hospital,

Boston, and Jesse R. Gerstley, M. D., Michael Reese Hospital, Chicago. 12 mo. of 377 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, \$2.75 net.

This book contains a course of lectures and clinics on infant feeding. They give the system as devised by Dr. Rotch of Boston and the Chicago methods which closely follow the theories and teaching of Finkelstein and Czerney—both methods are presented to the reader in an unusually clear and simple way. They go fully into the various disturbances of breast and artificial feeding with clinical examples of the two methods.

"Infant Feeding" by Clifford G. Grulee, A. M., M. D., Assistant Professor of Pediatrics at Rush Medical College; Attending Pediatrician to Presbyterian Hospital, Chicago. Third Edition thoroughly revised. Octavo of 326 pages, illustrated. Published by W. B. Saunders Company, Philadelphia and London. Cloth, \$3.25 net.

This book is a definite and stimulating contribution to the study of infant feeding. Particularly important chapters in this work are those on absorption, and metabolism and also the nutritional disturbances of the artificially fed infant. The book is well written—the author has ably covered the fundamental work of the title. R. H. Scott, M. D.

NEW AND NON-OFFICIAL REMEDIES.

Accepted by Council on Pharmacy and Chemistry, A. M. A.:

Coagulen—Ciba. Ampoules and tablets. See N. N. R., 1917, p. 127.

Halazone (Calco). See Jour. A. M. A., Oct. 6, 1917, p. 1166.

Chloramine-B. See N. N. R., 1917, p. 140.

Dichloramine-T. See Jour. A. M. A., Sept. 29, 1917, p. 1081.

The above are manufactured by the Calco Chemical Company, Bound Brook, N. J. No patent or trade mark. See A. M. A. J., Jan. 12, 1918.

Neodiarsenol.—Neodiarsenol has the composition, physical and chemical properties and action, uses and dosage as given for neosalvarsan in New and Non-official Remedies, 1917. Neodiarsenol is supplied in ampules containing, respectively, 0.15, 0.3, 0.45, 0.6, 0.75 and 0.9 Gm. neodiarsenol. Neodiarsenol is accepted for New and Non-official Remedies, as the available supply of neosalvarsan seems to be insufficient to meet the demand, and this preparation conforms to the rules of the Council. Neodiarsenol is made in Canada under a license issued by the Commissioner of Patents of Canada. The Farbwerke-Hoechst Company holds the sale of neodiarsenol in the United States an infringement of its rights, and has stated that all violations of its rights will be prosecuted. The Diarsenol Company, Limited, Toronto, Canada (Jour. A. M. A., Aug. 4, 1917, p. 383).

Making a Choice.—The choice of a profession or trade is not a question to be decided by egotism, ambition or heredity, but by the individual's aptitude. In estimation of this the physician should have the deciding voice.—C. Juarros.

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NEGLECT OF THE INTERNAL SECRECTIONS AS A CAUSE OF HIGH MORTALITY IN MANY DISEASES.*

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Any discourse upon the future of the internal secretions in their relations to general medicine at once suggests organotherapy and its many more or less warranted indications. This is not the line of thought I wish to submit to you to-day, however, but rather one bearing upon that vastly greater field: their connection with morbid processes that compromise life. May I urge that the last two decades, that have been so fruitful in endocrinological researches, have steadily increased my confidence that the ductless glands would, owing to their physiological importance, impose upon us, some day, a complete transformation of our conception of disease and treatment, with Nature's own means of defense as weapon?

It is no longer necessary to insist upon the *vis medicatrix naturae* so deeply has it influenced modern thought through the labors devoted to immunology. Four centuries before the Christian era, Hippocrates taught that "it is to the efforts of Nature that the attentive and able physician looks for guidance." His belief that most diseases were due to disorders of the body fluids, his humoral theory, presents several points of kinship with modern ideas concerning immunizing processes. Indeed, it is safe to state that had Galen two centuries later directed his experiments—the pioneer efforts in this direction—towards sustaining the tenets of the Father of Medicine,

instead of contaminating them with the four elements of the Pythagorean doctrine, he would probably have initiated lines of research which long ago would have placed Medicine on that pinnacle of precision which we all seek to attain. Gentlemen, the humoral doctrine was the first step in that direction; immunology was the second, and, mark my word, endocrinology—the science of the ductless glands—will be the third and greatest in life saving possibilities.

If I now plead anew and urgently for a deeper study of the internal secretions from this viewpoint, it is because time has only served, since I first submitted the doctrine over fifteen years ago, to emphasize its solidity. How could it be otherwise? If any conception, to be acceptable, must be based on experimental data, we are bound to admit that views based, as are mine, on a large aggregate of such data contributed by trustworthy observers, then grouped logically and controlled through personal investigations where possible, cannot but merit confidence. It is, indeed, upon such an array of facts, carefully arranged and classified according to their mutual relationships with logical reasoning as guide, that Sherlock Holmes outdistanced the detectives of Scotland Yard in solving mysterious crimes. Neglect of logical reasoning is, I am convinced, one of the great misfortunes of our scientific work; it is retarding decades, if not centuries, the development of our knowledge of disease and of therapeutics.

It is not my purpose to-day to rehearse those of my views that time has sanctioned. They have done what I expected of them: they brazed avenues which others have strewn with flowering plants. What does it matter that the pioneer is sometimes forgotten? After all is said and done, all true reward in life, and perhaps after death, is that afforded by our conscience. What I

*Read by invitation as the Anniversary Discourse before the Academy of Medicine of Northern New Jersey, March 20th, 1918.

wish to submit to you is not that which has borne fruit, but that which, so to say, has remained virginal so far, regardless of what appears to me, at least, its attractiveness and fertility, indeed, as the very soul of possibilities next to which those realized so far through the ductless glands are unimportant.

Take for instance, my belief, introduced in 1903 and amplified in 1907, that the process of pulmonary and tissue respiration, that is to say, that part of the process which concerns the taking up of oxygen in the lungs and its transportation to the tissues, is carried on by the secretion of the adrenals. If physiological literature is to be taken as standard, this conception virtually died in utero.

Yet, truth will out, and experimental and clinical data, here and there, recorded as features of other processes studied, are steadily increasing the strength of my position. The physiologists remind me in this connection of an experimenter who wrote recently: "Guinea-pigs rather die than eat onions." They too would rather die than abandon their pet diffusion doctrine, overlooking, I regret to say, the retarding influence of their attitude upon medical progress in directions replete with life-saving possibilities. Fortunately, however, they are unconsciously contributing most of the data which eventually will swerve their belief, as you will now judge for yourselves.

It is well to bear in mind in the present connection that physiologists admit that the actual function of the adrenals has remained obscure. Even the prevailing belief that adrenalin always raises the blood-pressure has been shown by the researches of Cannon and Lyman (1), Hoskins and McPeck (2), Hartmann (3) and others, to be unwarranted, small doses either of the active principle or of the secretion causing, in fact, depression of the blood-pressure. It is from the full dose alone when it coincides with a low blood-pressure that pressor effects are obtained: I will recall this fact later when referring to the persistent high mortality of pneumonia and other diseases. The influence of the adrenal products on the heart, the arterioles, carbohydrate metabolism, their enhanced activity during pain, fear, strong emotions, etc., cannot be regarded as a function, but merely as isolated expressions of a general function—that still represented by the letter X.

Now let us consider as their function that which I regard as their true one: that of taking up the oxygen from the air and

carrying it, as constituent of hemoglobin, to the tissue cells. While the diffusion theory still taught stands only on discordant aerotometric readings, it fails utterly when put to any serious test. As Prof. C. R. Barnes of Chicago University has well said: "The respiratory ratio has proved a veritable will-o'-the-wisp, leading investigators into a bog where their labors and their thinking were alike futile. For, as a sign of what is going on within, the respiratory quotient is absolutely valueless." How explain with it the observation that when the pressure of oxygen is almost nil in the lung, the blood persists in absorbing it? How account for the fact that a strangulated animal will exhaust *all* the oxygen the air in its lungs contain? These and other data contributed long ago by physiologists of the first order plainly show that some substance capable of taking up the oxygen in the pulmonary air and holding it is necessary. This conclusion was reached by a distinguished Danish physiologist, Bohr, and by others, Bohr and Henriques concluding that this problematic substance evidently had "a greater avidity for oxygen than the blood itself," and that it was presumably "some sort of internal secretion"—the nature of which, however, they failed to discover.

It was here that my labors came in. Having noticed repeatedly in laboratory work the affinity of adrenal medullary tissue and extractives for oxygen as shown by their reaction to various tests, exposure to the air, etc., and also that the anatomical relations of the adrenals were such as to enable any substance produced by these organs to reach every pulmonary air-cell, I concluded that the adrenal secretion was probably the problematic internal secretion sought by Bohr and his school. Search in the literature afforded the first links of the chain. In the blood of the efferent vessels of the adrenals, their veins, which empty into the inferior vena cava, had been found hyaline granules which proved subsequently to be the secretion. This secretion, on entering the venous blood of the inferior vena in its normal state, inevitably reached the heart—the contractile power of which it increases, as is well known, its penetration into the heart muscle occurring, as shown by personal researches in the ox heart, through the Thebesian foramina. We know, of course, that the right ventricle projects the venous blood into the lungs, driving it to the walls of every air-cell. Can any one doubt that in its original

state, known to possess markedly the power to take up oxygen, and presenting therefore the very attributes shown necessary precisely in this location by several physiologists, beginning with Paul Bert (4) forty years ago, that is meeting all requirements, the adrenal secretion is the substance which takes up the oxygen of the air?

The connection of this secretion with the respiratory function is sustained in other directions. D. E. Jackson (5) found that the adrenal active principle produced prompt dilatation of the bronchioles when these are contracted and irrespective of any general rise of blood-pressure. Does this not recall the instantaneous relief afforded in acute bronchial asthma by injections of adrenalin, and point to participation of the adrenal secretion in the respiratory mechanism? Indeed, Jantischke and Pollak (6) found that intravenous injections of adrenalin caused an increase of the respiratory excursions of the chest muscles, which could become so marked, under the influence of repeated doses, as observed by Langlois (7), as to cause excessive respiratory activity or polypnoea. Whether given in minute or large doses, Nice, Rock and Courtright (8) found that adrenalin provoked an increase in the depth of respiration.

This is not all, however. Even though we find the adrenal product capable of carrying on oxygenation and of inciting to activity the mechanism which insures a free supply of air to the pulmonary alveoli, it should show, besides, its influence on the respiratory exchanges. This was supplied by the experiments of Fuchs and Roth (9) which showed that subcutaneous injections of adrenalin caused the respiratory rate to rise while increasing the intake of oxygen and the output of carbon dioxide. Bernstein and Falta (10) found also that these adrenalin injections caused an increased consumption of oxygen and that the respiratory quotient was increased.

For clinical purposes which I will presently consider we must touch upon the general effects of the increase of respiratory exchanges brought on by adrenal products. As would naturally follow, an excess of adrenal secretion was found by Oliver and Schafer (11) and others to cause a rise of temperature. Reichert (12) and also Morel (13) noted a rise of from one-half to one degree centigrade in animals; Lepine (14) states that the increase of blood-pressure caused by adrenal preparations is always followed by a rise of temperature. Con-

versely, many experimenters beginning with Brown-Sequard, have found that removal of both adrenals was followed by a steady decline of temperature until death results.

We thus have all the main links—to which many could be added—of the respiratory function with the adrenal secretion as its active factor. They represent a chain of evidence which, permit me to state, can be duplicated by but few of the functions commonly deemed fully explained.

We shall now consider the clinical bearing of the respiratory function thus interpreted, particularly where its recognition would prove life saving.

Osler in the last edition of his *Practice*, published last year, refers to pneumonia, using his own words as "one of the most fatal of all acute diseases, killing more than diphtheria and outranking even consumption as a cause of death. In America," he adds, "the mortality appears to be increasing." True, he still persists in regarding it as "a self-limited disease," a view which cannot but discourage any serious effort at treatment which he deems useless; yet the many who disagree with him and who therefore, have resorted freely to remedial measures do not seem to have materially improved the prognosis. Pneumonia remains, on the whole, the curse that it has ever been.

Why should this be the case notwithstanding the flood of light that the last three decades have shed upon all infections, their prophylaxis and treatment? This is due, from my viewpoint, to the facts: 1st, that the role of the ductless glands in the process has been persistently overlooked, and 2nd, that such being the case, it is impossible to understand the manner in which the fatal trend of the disease is initiated and sustained to the end.

I will illustrate this statement by means of a phase of pneumonia which contributes greatly to its heavy and persistent mortality, "senile pneumonia," a form well termed by Charcot "the great enemy of old people." Referring to its high mortality in subjects over 60 years of age, Osler also states: "From the reports of its fatality in some places one may say that to die of pneumonia is almost the natural end of old people."

As you will recall, senile pneumonia may drop upon an aged subject and prove fatal suddenly and unexpectedly right in the midst of his daily occupations. Where, however, as in most instances, the disease develops more or less gradually, there are symptoms that are typical of the condition

I have termed "terminal hypoadrenia," i.e., failure more or less rapid of the adrenal functions. After a brief reaction to the infection, slight fever, very moderate rise of blood-pressure, no chill other than perhaps a chilly sensation, but little if any cough and expectoration and no pain in the chest, due to the onset of the infection, there occurs as Elsner (15) words it, "rapid lowering of the arterial tension, marked lividity, edema of the lungs and extreme asthenia"—all typical signs of adrenal failure. You will recall that the adrenal secretion on its way to the lungs sustains the contractile power of the right heart. Elsner states that "dilation of the heart, particularly of the right side, is a frequent complication of senile pneumonia," but this acute clinician also recorded a fact which is of cardinal importance in the present connection, namely that the dilatation of the right heart "sometimes precedes the infection" which means that the infection itself may be secondary to the adrenal failure. There is a solid foundation for such a process, since, as considerable evidence has shown, the adrenals also take part in the defense of the body against infection. Another symptom which is characteristic of more or less sudden failure of the adrenals and observed particularly in the condition known as adrenal apoplexy, was observed "not infrequently" by Elsner, namely, abdominal pain, sometimes so located as to suggest acute appendicitis. Other symptoms observed in some cases, and suggestive of paresis of nutrient arterioles through more or less deficiency of their adrenal pabulum, are cerebral disturbances and hemiplegia. Lepine states that "sometimes the patient falls into a comatose apoplectiform state with unilateral paralysis and hyperesthesia, death supervening in the midst of the coma" (16). The pulmonary edema which virtually drowns the sufferer, likewise results from vascular paresis, due to deficiency of adrenal principle, which as shown by Plumier-Clermont (17) and contrary to former belief, sustains the tone of the pulmonary vessels, though to a degree less marked than elsewhere throughout the body.

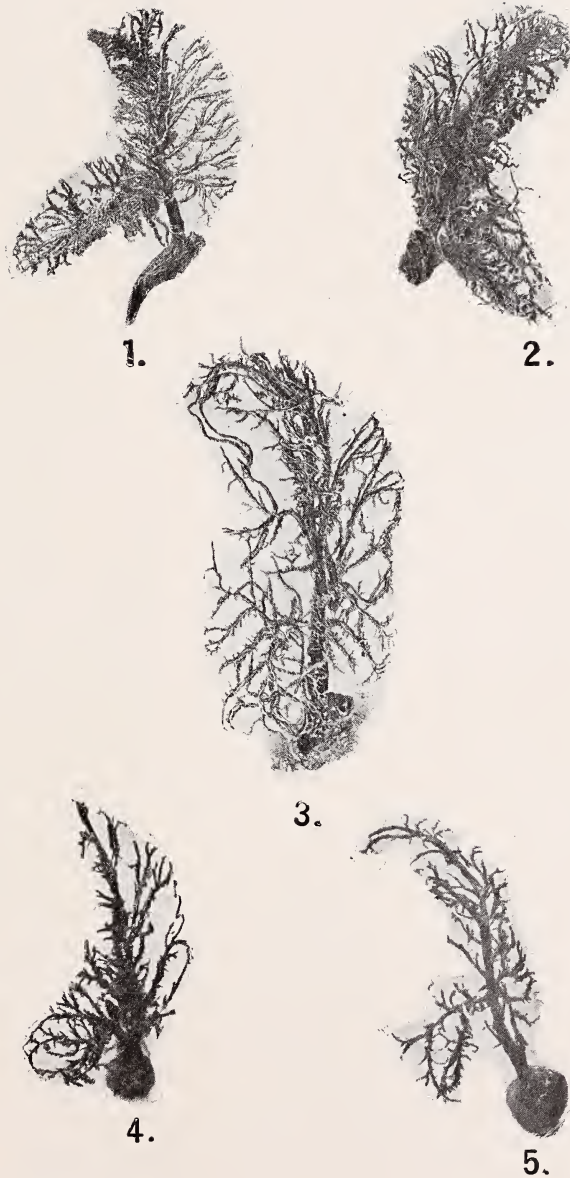
Viewed in this light, it is obvious that we are dealing with a condition differing totally from pneumonia. It is a morbid process in which functional failure of the adrenals is the chief death-dealing factor, whether the infection be primary, the senile adrenals failing at once or soon under the stress to which they are subjected; or secondary, the senile adrenals suddenly

giving way, and permitting through the reduced defensive resistance this entails, a rapid multiplication of pathogenic germs.

As you will see in plate on next page, senile adrenals are not a figment of imagination. Steadily as age progresses, these organs become less and less vascular until a condition is reached when they are no longer able to sustain life. In Addison's disease, adrenal cancer or tuberculosis, etc., the process is merely hastened by an organic destructive lesion of the organs; the brown spots so commonly observed on the hands and face of apparently normal though aged subjects being but a less marked expression of adrenal deficiency than the bronze spots of the Addisonian syndrome.

On the whole, "senile pneumonia" is a misnomer from my viewpoint, a harmful one because it detracts attention from the true predisposing cause, that to which adequate treatment of a special kind should be addressed. When this fact will be firmly borne in mind, and the disorder be studied as what might be termed a "pneumococcic terminal hypoadrenia" to identify, besides the adrenal failure, the prevailing primary or secondary infection, Osler will probably depart from the rigid stand he has taken, that "pneumonia is a self limited disease which can neither be aborted nor cut short by any known means at our command," since one of its most virulent, fatal and frequent forms will be within the reach of compensatory measures calculated to replace that which the aged cannot supply in adequate quantities to meet the issue. For it must not be forgotten that "senile pneumonia" so-called does not always prove fatal. Far from it, and if the patient can be carried through safely by adequate measures, the period of acute adrenal failure, the chances of prompt recovery are greatly increased.

The essential feature in this connection is vigorous treatment, the main aim in view being the restoration to the blood of the adrenal principle of which it is more or less deprived in order: 1st, to cause prompt dilatation of the bronchioles and restore oxygenation; 2nd, to cause constriction of the pulmonary arterioles, to arrest the pulmonary edema, and incidentally the cerebrospinal hyperemia; (4) to increase the vigor of the cardiac contractions and the propulsive power of the vascular system, and (5) to enhance the defensive functions of the blood, stimulating the other internal secretion glands, particularly the pancreas,



THE ADRENAL VESSELS IN THE YOUNG AND OLD

1, Man 22 years old. 2, Woman 30 years old. 3, Pregnant woman 22 years old.
 4, Man 80 years old. 5, Woman 82 years old. (Landau.)

From Sajous, "Internal Secretions," Vol. 1.

the thyroparathyroid group, and the phagocytes.

Those of you who have treated a paroxysm of acute bronchial asthma with adrenalin, have realized the rapidity with which normal respiration is restored in this disorder. Surgeons who have listened to my plea not to regard as a thyroid toxicosis the dangerous collapse that occasionally attends thyroidectomy, but as adrenal shock, and at once inject adrenalin in a syringe of saline solution, have also witnessed what one of them termed a "miraculous resuscitation." In senile pneumonia, however, particularly where the hypoadrenia is secondary to the infection, the toxins by inhibiting the adrenal functions reduce the asset of adrenal principle in the blood. This imposes the need of repeated doses, 10 minims of adrenalin 1-1000 solution in a syringe of saline solution being injected slowly subcutaneously, carefully avoiding a vein, every two hours three times, then when the heart action and the blood-pressure have improved four times a day. Perpetuation of the good effects is sometimes better insured by injecting 5 minims of adrenalin and 5 minims of pituitrin at a dose, the main effect of the latter being due to the adrenal principle in organic combination it contains. The oral use of these agents, in addition, is often helpful.

The patient's defensive resources being deficient through senile inefficiency of his ductless glands, the use of antipneumococcus serum is indicated to increase the bactericidal properties of the body fluids directly, rather than vaccines which do so indirectly and may fail in these cases to provoke a response as antigens. Sustaining food in small quantities, frequently repeated, and creosote carbonate to prevent tympanities are other indications of importance to which should be added the absolute avoidance of depressants, particularly the opiates which are harmful in the aged.

Such is the role, from my viewpoint, of the adrenals—working in harmony with other ductless glands that follow their functional fluctuations—in a fatal disease in which they have been overlooked—and representing but one of many infectious diseases that are exacting a high, though preventable, toll from the same cause. Indeed, the identical paresis or functional inhibition of the adrenals that occurs through senile decrepitude and the effects of toxins, in senile pneumonia, occurs also as a tardy phenomenon in all infections in which the adrenals have been subjected, owing to

their active role in oxidation—which includes fever and the defensive reaction—to violent and prolonged stress. The time comes when they fail and allow the weakened organism to approach the threshold of death and often to traverse its portals.

This threatening state may supervene in lobar pneumonia at any age, in bronchopneumonia, typhoid fever, diphtheria, scarlatina, erysipelas, septicemia and in severe cases of measles, mumps and acute peritonitis—in a word, in all infections in which the febrile reaction is severe and prolonged. The signs of this condition differ but little if at all from those observed in senile pneumonia, though occurring late in the history of the case: extreme lassitude, low blood-pressure, subnormal temperature, weak and rapid pulse, more or less dilatation of the heart, and tendency to fainting. These call for active measures such as those described—measures which, fortunately, are now increasingly being resorted to both in this country and in Europe, and saving a large proportion of cases, particularly in children, which formerly would have been lost.

Terminal hypoadrenia thus illustrates a direct connection between the adrenals and a large number of general diseases. It also emphasizes, however, a fact I have long urged, viz., that although functionally related with other ductless glands through their secretion or hormone, hypoadrenia thus entailing a deficient activity of the other glands, the thyroid, pancreas, pituitary, etc., the adrenals are by far the most important organs of the internal secretion group. Thus, hypothyroidia gives rise to cretinism, myxedema and kindred disorders but although increasing the vulnerability of the subject to infection, it does not decide the fate of an infected patient as does hypoadrenia. This applies also to the pituitary, the spleen, the ovaries and the thymus, all of which give rise to special syndromes. The adrenals seem to play a role so important in the vital process that it cannot be carried on without them. We have seen that from my viewpoint, their secretion carries on pulmonary and tissue respiration. Indeed, many of its attributes show distinctly, as I have long urged, that it contains the dynamic agent which through catalysis, sustains the life of the tissue cell and fluids in so far as their use of oxygen is concerned, while taking part in the process which protects them against destruction.

Closely associated with this all important function of the adrenals is one which should command the early attention of physio-

logists, pathologists and clinicians, if its influence upon the death-rate is taken as standard. The most emphatic doubting Thomas will not deny that present conceptions of certain diseases must lack something when those diseases thwart all therapeutic endeavor and stand in text-books under the heading of Prognosis as "terminating in death," or as virtually hopeless as do malignant endocarditis, acute pancreatitis, and many others.

We are again dealing with a function, which, though sustained by considerable evidence, has failed to attract the notice it deserves. I mean the participation of digestive ferments or enzymes in the defensive activity of the tissues and the *dangers* it entails.

In the words of Prof. Mendel, of Yale (18): "Enzymes are no longer thought of exclusively as agents of the digestive apparatus; they enter everywhere into the manifold activities of cells in almost every feature of metabolism." This applies also to plant physiology, "all known proteolytic enzymes of plants," as stated by Vines (19) "being tryptic." Now, the main active bactericidal agent of phagocytes has been identified by Metchnikoff, Bordet and others as trypsin; this ferment has also been found to digest bacteria in the intestinal canal by Charrin and Levaditi, Zaremba and others; Hofmeister having, many years earlier, held that leucocytes took up peptones from the intestine. Various investigators have shown that leucocytes contained various ferments, including trypsin, besides peptones, and that certain of these cells could be traced from the intestinal walls to the blood and tissues after further preparing their contents for assimilation. Examples of this process are to be found in sponges, the leucocytes carrying it on being known as trophocytes, or nutritive cells, by zoologists. This presence in tissue cells of digestive ferments is no longer to be doubted. Vaughan, for instance, states that "the cell which can no longer supply a digestive ferment is already dead," while Opie clearly associates digestive ferments with the defensive functions of the body when he says that "the ability of the blood to remove injurious material is dependent on the possession of proteolytic enzymes. Peculiar to the polymorphonuclear leucocytes is an enzyme which, like trypsin, exerts its digestive action in alkaline media." Abderhalden also wrote recently: "Each separate cell with very few exceptions disposes of the same or similar ferments as

those secreted by the digestive glands in the intestinal canal." He further recognizes their connection with immunity by referring to them as "defensive ferments."

Briefly, what I wish to emphasize in the present connection, is that we need no longer, as clinicians, lose ourselves in the mazes of immunology, Ehrlich's side chain theory, and other conceptions too complex to aid us in the practical field in so far as antibodies are concerned, but simply to remember that the identical ferments which in the intestinal canal serve to break down food products and prepare them for assimilation, are likewise the ferments which serve to break down bacteria, their toxins, and other organic poisons, and that the chief of these ferments is trypsin.

Another cardinal point to remember in order to apprehend clearly the dangers of exaggerated defensive activity, is that the digestive power of proteolytic ferments is increased by heat up to a certain limit. We can thus understand why it is that fever is increasingly being regarded as a defensive reaction and why it is that in serious infections, senile pneumonia for instance, hypothermia so frequently forebodes a fatal issue. Briefly, the patient is unable to raise his temperature sufficiently to activate his defensive ferments, and the development of bacteria and toxins proceeds unrestrained.

Conversely, however, practice has abundantly taught us that excessive temperature or hyperthermia is likewise a dangerous development in the course of any infection. The cold baths or sponging used in typhoid fever attended with high fever and the lower mortality procured by this measure has abundantly illustrated the solidity of this teaching. We know that destruction of the red corpuscles or hemolysis attends hyperthermia and that a fatal issue is highly probable if the few degrees in excess of the safety level, say 104 or 105 F., are not eliminated from the temperature chart by judicious measures.

What is the nature of the morbid process in both hypothermia and hyperthermia, both equally dangerous though diametrically opposed as functional expressions?

The answer is readily afforded in the light of the variations of activity to which the proteolytic or digestive defensive ferments are subjected by heat. In brief, *hypothermia* means deficient activity of the ferments as bactericidal agents and free sway for the infection; while *hyperthermia* means excessive and destructive activity of the fer-

ments. They are not only caused in the latter case to digest or break down bacteria and their toxins in the cellular tissues and blood, but also—and this the dangerous feature of the process—both the corpuscles (hemolysis) and the endothelium, and other tissues exposed to their digestive action (autolysis) as well.

Take acute endocarditis for instance. You are taught to-day that the pathogenic organisms aided by friction of the blood current *per se* cause the valvular lesions. Analyze this teaching, and you will soon find that it is a mere gratuitous assertion devoid of all solid experimental backing. Then analyze the process from the viewpoint of excessive activity of the defensive ferment, which subjects to digestion, besides the micro-organisms that accumulate on the valves, the valvular tissues themselves, causing the familiar lesions attending valvular disease, and judge for yourselves. Indeed, pathogenic bacteria are usually absent, thus showing that it is the blood itself which subjects particularly the endothelial elements of the endocardium to autolysis. As you well know, the mitral and aortic valves are by far those most commonly affected; these are precisely the structures through which pass freshly oxygenated blood—blood, therefore, best capable of raising the activity of its ferments to the highest pitch.

If we inquire how this abnormal digestive activity is engendered we find that certain pathogenic organisms have the power to evoke in normal subjects—not weaklings or often the aged, we have seen—an exaggerated defensive reaction. Particularly potent in this connection are organisms of the pneumococcus group. Hence the complications attended by autolytic lesions in lobar and lobular pneumonia, pleuritis, rheumatic fever, meningitis, and others which may find their origin, as abundantly shown of late, in suppurative foci which also contain streptococci and staphylococci located in the tonsils, sinuses, the gums, etc.

Certain of the conditions mentioned, particularly the pneumonias, pleurisy and others have long been credited to exposure to cold. But have we not in "cold" the very condition which by lowering the temperature of the body correspondingly reduces the digestive activity of its defensive ferments, thus favoring the multiplication of the many forms of bacteria which are at all times present in the respiratory tract from the nostrils down to the very air-cells?

Approaching closer to the question in point is that the hyperthermic blood finds in the cardiac and vascular endothelium, immediately in contact with it, ferments which facilitate and in fact may initiate the autolytic process. Its cells, which jointly form the internal lining of the vessels and heart, are relatively stationary, while the familiar phagocytes are mobile. Inasmuch as these phagocytic epithelial cells likewise contain digestive ferments, the blood coursing over them, when hyperthermic, so raises their autolytic activity that the epithelial cells and the neighboring cellular elements themselves yield to the digestive process, quite able in the case of cardiac valves, for instance, to cause profound lesions. The capillaries being also composed of endothelial cells juxtaposed, are also readily destroyed, the blood either flowing into the surrounding cellular tissue or remaining *in situ* as a magma merged with detritus of the tissues invaded and submerged.

A striking example of the latter result is the so-called "red hepatization" stage of pneumonia, the nature of which has also remained obscure. This process bears all the ear marks of hemolysis and autolysis produced in the manner just described. It is a reddish brown mass, airless and uninflatable and showing microscopically meshes of fibrin holding multitudes of white and red corpuscles. It infiltrates the air cells and small bronchi—the area of the lung to which the terminal capillaries subject to autolysis are distributed. Hemorrhagic pancreatitis is another example. Here the pancreatic trypsinogen doubtless favors the auto-digestive process in addition to that which breaks down the local capillaries. The hemorrhages in typhoid fever and the meningeal hemorrhages that occur in the course of infectious diseases also serve to illustrate the results of vascular hemolysis by defensive ferments,—a morbid process which might be shown to prevail in many diseases including those attended by petechiae, subcutaneous hemorrhages, etc., and which represents one of the most active causes of invalidism and death with which we have to contend.

The prophylaxis and treatment of this dangerous phase of infectious diseases will require much careful clinical study. The prevention or arrest of hyperthermia is the main indication. The so-called antipyretics of the coal-tar series are worse than useless; by causing constriction of the peripheral arterioles they prevent the dissi-

pation of heat which alone is beneficial. Hence the advantages of cool sponging, and ice-bags over the exposed region, the heart, spine, etc. In the sthenic, bleeding, followed by hypodermoclysis, or hypodermoclysis alone, one of our most potent life-saving measures in these cases, often turns the tide by reducing the viscosity of the blood and facilitating osmosis. The temperature is reduced and the danger of autolysis likewise.

On the whole, there can be no doubt, gentlemen, that death has persistently thwarted our efforts in many diseases notwithstanding the vast amount of faithful labor devoted to them. If I am not mistaken, the internal secretions offer well-grounded hope that the Medicine of the future will overcome this deplorable state of things, thus raising its possibilities still nearer to the level of our highest professional ambition.

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Medical Aims.—The highest aim of scientific medicine to-day is the eradication of preventable disease, and in the solution of this problem all men who have the interest of the human race at heart can and do write, regardless of medical schools or creeds.—Dr. George M. Kober.

AURAL CATARRH.*

By TALBOT R. CHAMBERS, M.D., F.A.C.S.,
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The word "catarrh" means to "run down." It is only applied to inflammation of a mucous membrane. Preceded by congestion, there are three stages: acute, sub-acute and chronic.

Mucous membrane is of varying thicknesses; if thin, it tends to ulceration. Its covering epithelium has certain functions to perform. If destroyed, that function is lost, for replaced epithelium is different. Skillern showed that when black particles were scattered in the sinuses of the calf, they did not stay but steadily moved towards the ostium of the sinus—this is due to the twelve times per minute motion of the cilia of the epithelium. If this important function fails the secretions collect, act as a foreign body and becoming decomposed, act as irritants. The epithelium covering the Schneiderian mucous membrane is replaced by a tissue tending to hemorrhage and scabs. The air in normally passing through the nostrils and nasopharynx is warmed, moistened and filtered. If catarrh be present, the surface of the membrane instead of being moist is really dry, and the moisture which should exude steadily, spurts or jets and with varying quantity of mucous or mucine. A congestion which is speedily arrested, leaves the parts as before. An inflammation has secretions containing cells and toxins. If drainage be poor, this discharge tends to increase and spread. Then, from the irritation and choking of circulation, destruction of tissues results, involving the underlying structures of bone or cartilage and polyps, adhesions, cicatrices and deformities are found.

Spring and autumn produce so-called colds in 60% of the inhabitants of Great Britain and America. Ninety per cent. of the initial congestions are found in the respiratory tract. The violence of an attack depends upon the power of resistance, as to whether the invading germs may be wholly or partly repulsed. The term "diminished resistance" means predisposition to infection. It is found in lowered vitality from whatever cause. It is found in the hypothyroid subject and in the individual who lives an inactive, indolent and poor hygienic life. The vitiated air of our

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steam-heated houses with its 30% diminished humidity, lowers resistance. Poor drainage from any hidden crypt or recess in tonsil, or from a distorted nasal septum which dams back discharges into the sinuses of the head. Pyorrhœa of neglected teeth which may have gone on to what the dentist calls pus sacs on teeth roots; these are all centres of infection when once congestion starts. Seydell from a study of 203 cases of poliomyelitis concluded that the tonsils and adenoids were the chief portals of infection.

Trauma, irritants, new growths, the bacilli influenza infection of la grippe, the infectious fevers, scarlet, measles, diphtheria, etc., are direct causes but the chief sinner is exposure to cold where the body or a part of the body becomes chilled. Though the body may be warmly clad, cold wet feet will be signalized by running at the nose and other symptoms of catarrhal fever. In this climate, thick soles to shoes are safety first. It is possible many cases of women's diseases and many an appendectomy could be directly traced to the fashionable thin soles of shoes. The blood is driven from the exposed part and the sympathetic system is insulted and as a result, retaliation occurs in some, it may be distant organ, a mucous or a serous membrane. In the sinuses the pyogenic strepto-staphylo—or pneumococci get busy rather than the bacilli, but either are active when once started.

The middle ear comprises in a small space, the cells of the zygoma, the attic in which are found the ossicles, the mastoid antrum and cells. It is indeed a small space for it only measures $\frac{1}{8}$ inch across at tip of malleus. And when you think how small is the room for swelling when once congestion occurs, it is a wonder that any normal middle ear exists, for it is lined with mucous membrane.

A congestion which speedily resolves leaves the parts undamaged. But an inflammation leaves deposits of lymph which become organized resulting in adhesions of parts which should be freely moveable, and covers the interior with a more or less thick blanket, interfering seriously with vibrations so necessary to hearing. The interference with the circulation deprives parts of nourishment and necrosis, granulations and polyps form the classical picture of chronic middle ear disease. The trouble is the pus cannot "run down." It is constrained in a walled-in cavity and as it increases, seeks an outlet which will be

by the easiest route. If the drum has opened the discharge finds exit. If the eustachian tube refuses to act as a channel, the pus will wear an opening in the roof of the attic producing an extradural abscess. If it invades the lateral sinus it enters the circulation. It may enter the labyrinth or run along the veins or lymphatics into the lobes of the brain or cerebellum. Of course, all of these contingencies are dangerous to life, or at least to the integrity of the brain.

Symptoms are sometimes vague and not recognized at first, especially in infants. Unexplained uneasiness and crying of the baby is sometimes found to be, only by exclusion, aural catarrh. Pain in the region of the ear is pretty positive evidence, though not infallible. A severe case may not have even tenderness on pressure. The same holds good for adults. A sudden violent mastoid pain means there is probably a hemorrhagic inflammation within. A recurrent tenderness on pressure over the antrum mastoid is positive indication for operation. Dench calls every ear case of inflammation, a case of mastoiditis, and very properly so though most cases fail to go the limit. Examination of the blood and spinal fluid give their pictures as to whether there be absorption of germs and as to the powers of resistance.

Swelling of the middle ear by serum or pus causes the drum to bulge. In order to see this in the infant it is absolutely essential to use the smallest speculum. Swelling may present along the canal or break through the mastoid shell, pushing the external ear forward. If the drum be opened by nature or by the surgeon, drainage is established and the ear may return to normal functioning and remain dry. Proper treatment expedites the cure and lessens the danger which grows with arithmetical progression. If the discharge continues six weeks mastoid drainage is indicated. The majority of cases get well spontaneously after proper drainage is established. Transillumination and x-ray pictures give confirmation of suspected involvement of the mastoid.

Temperature may or may not be elevated. Some of the worst cases with great destruction of tissues have run an afebrile course. The presence of cholesterine or streptococcus capsulatis calls for immediate operation. If a blood culture shows the mononuclear leucocytes increased to 4%, operation is indicated. Deafness is caused by immobility of the ossicles and by the presece of a thick

blanket of adhesions preventing vibration; and may also be due to a disease of the eighth nerve. This nerve undergoes the same neuritis and atrophy that the optic nerve suffers. Total deafness is of this variety. Total deafness, by the way, may only be diagnosed through the aid of the Barany noise-apparatus. Syphilis, poisons, alcohol, etc., and heredity are classed among the causes of total deafness.

Tinnitus, that most distressing symptom, is said to be due to several things—spasmodic action of the muscles of the ossicles or of the tensor tympani, or to the proximity of the diseased middle ear to the vestibule; again it may be due to misdirected control of the endocrin system. Here I cannot resist the temptation to quote a letter from Mrs. W. aet. 54, who had been under unsuccessful treatment for deafness and tinnitus. The tinnitus prevented sleep and made life a burden. "I am pleased to inform you," she writes, "that the monthlies disappeared in June, deafness improved and I am very seldom troubled with the ringing. Ovarian extract did me a world of good." Hopeless cases have diminished hearing for lower tones of the musical scale and the negative Rinne. A case of deafness due to obstruction of the eustachian tube and which changes with the weather is amenable to treatment. Schwartz thirty years ago made traction on the malleus through an opening in the drum. The scheme was tried out and found wanting. Pneumatic massage has been generally given up but it offers help where and when sound waves have been added to the vibrations. It has helped a number of cases in my hands. It is impossible to tell in advance in which cases it may utterly fail. Forced Politzerization seems at first to offer help but the drum tires and becomes relaxed and the improvement is lost. Sexton's ossiculotomy has been given up. Roosa said "These operated cases will hear when Gabriel blows his horn but not before." Salvarsan as well as quinine has been given the discredit for damaging the hearing.

Nystagmus to healthy side, giddiness and disturbance of equilibrium may be due to a minute fistula between the middle ear and vestibule and strange to say, have been cured by a simple mastoid operation. The otologist uses hot and cold water tests, the turning chair tests for past-pointing and falling to diagnose trouble in the semi-circular canals. Vertigo is a vestibular disease requiring absolute rest in bed and in middle ear catarrh is a very serious symp-

tom. Severe headache, vomiting, sudden fall of respiration or pulse, temperature remaining normal, insomnia, nystagmus, ataxia, inco-ordination, peculiar gait, loss of pointing accuracy, are symptoms of which if there be several present, you will find a cerebellar abscess. If the word or motor centres be invaded you have cerebral abscess. These are all complications of middle ear catarrh which require quick attention to save life.

Treatment of aural catarrh is the same as for catarrh generally plus local treatment. Aural catarrh tends to get well. Treatment hastens cure and lessens after effects. If every "cold" should be treated as energetically as pneumonia is attacked, there would be comparatively few cases of chronic aural catarrh. The indications are to relieve congestions; increase the leucocytes and bacteriological serums. The biliary tract first, must be relieved and this is done by the administration of two grains of calomel. Then generate heat internally and externally, to accelerate the circulation. Internally—by brisk walking, horseback exercise, gymnastics in the open air preferably, thus calling to our aid, nature's best remedy, oxygen which encourages protective bodies and discourages the invading germ. At the same time, the blood must be enriched with nutritive pabulum. These things raise the powers of resistance. Of course, the emunctories must be excited and care taken that there be no extra exposure to cold when the system should come to a state of rest. If there be temperature, the adult should be kept in-doors and the child with or without temperature should be kept preferably in bed for a day or so. For the indolent, the Turkish bath excites the emunctories wonderfully.

The nose and throat call for active treatment. The nostrils should be cleansed by steam and a spray of some mild alkaline solution—the newest wrinkle being the Coffin device of combining a vacuum cleaner and spray; suction and flooding past the sinus openings of the nose; producing an ischæmia alternating with hyperæmia for ten to fifteen minutes. Then sprays of oil balsams and if there be watery secretions adding menthol. These oils may be dropped from a medicine dropper into the infant's nostrils. Aconite lowers arterial tension and increases the action of the skin and kidneys. Aspirin has same qualities and in addition some anodyne power. Local treatment consists in the ten-minute boric douche at a temperature of 125°.

In subacute aural catarrh there is fluid in the middle ear causing the drum to bulge outwards. When the drum is opened the hot douche is employed as before, only now the 1/8000 bichloride solution is used. The most practical directions which may be carried out, are to have a two-quart fountain syringe suspended about a foot above the head and to have the return flow from ear retarded until ten minutes of the hot solution shall have been in contact with the deepest part of the canal. This is repeated every two or three hours and in the majority of cases is curative. In chronic aural catarrh may be found polyps or granulations which must be removed and have their bases cauterized. Drainage must positively be established. Applications of nitrate of silver or iodine invite growth of cicatricial tissue to cover denuded bone. There are those who treat these cases by the dry method, not allowing a drop of water to be used; simply wiping the discharges away and dusting the parts with dry boric acid. In either case some go on to operation. It must not be forgotten the eustachian tube may need constant treatment at same time.

Pain is relieved by hot applications. Threatening cases of mastoiditis have been aborted by twenty-minute ice bag and forty-minute hot water bag applied to the mastoid alternately every hour or two for one or two days. Operation is called for if there is swelling of the walls of the canal with or without swelling of the mastoid, even if there be but little pain on pressure. There may be exceptions to this rule. If there be purulent involvement of the mastoid, operation is imperative. To wait, risks infection extension. On Jan. 11th there was a meeting at the N. Y. Academy of Medicine and a number of otologists concurred in the statement that when properly done, a cure is effected in not later than two weeks after the radical mastoid operation; four weeks being a long time for the ear to become dry. They also concurred in the statement that many cases have improved hearing afterwards.

Relief obtained from treatment corresponds with the success in preventing the retention of secretions; recurrence follows absorption of the specific antigen to which the subject is sensitive. The endocrin system should not be forgotten. If there be excess or deficiency of glandular secretions, the indications should be met. Temporary removal to country air or seashore is a valuable aid to cure. Vaccines and

serums have their proper place. One observer claims 60% cures, another 45%, and others have almost discarded them. The large majority of "colds" find the bacillus influenza present in the discharge; and a stock vaccine here has proved of value, though some claim the autogenous alone is actively curative. If pneumococcus alone be present, it has been speedily routed by direct application of Fairchild's enzymol. Any autogenous vaccine should be tried a half dozen times, omitted for a week, then a freshly-made autogenous will probably cure in a week. The bacillus pyocyaneus has the best record for cures by the autogenous vaccine treatment.

Don'ts.—Don't fail to hunt for and eliminate focal infections in nose, naso-pharynx, tonsils, teeth and teeth roots. If there be obstruction to drainage, remove it.

Don't blow nose violently after using nasal sprays.

Don't politzerize in acute O. M. C.

Don't use peroxide of hydrogen locally in middle ear, unless there be positive drainage facilities.

Don't postpone mastoid operation too long nor neglect immediate paracentesis on symptoms.

Don't fail to have blood cultures made nor examination of spinal fluid if any head symptoms present.

Don't give up as hopeless a case of deafness. It should have a fair, patient, painstaking, persevering treatment. For though 50% are not curable, the other 50% are relievable by treatment.

TRANSFER OF CASUALTIES IN WAR.*

BY CARL H. WINTSCH, M.D., CAPT. M.R.C.
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Very little is recorded concerning the wounded in battle in early history, although tribes and nations have been fighting battles since the beginning of the race. In early history the wounded who were able to make their way back to the surgeon, who was always stationed behind the army, received treatment, the rest were left on the field to be treated by the people living in the locality. About the year 1800 the French made provision of giving medical service in the army going to the front with the advanced troops. Later on in the century the collection and removal of the

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wounded by trained soldiers became general, which had an admirable effect upon the fighting soldier.

During our Civil War the hospital corps was organized and this has improved from year to year, so that to-day we have the doctor at the front giving attention to the wounded, and this humane treatment has an admirable effect upon the soldier and sustains the spirit of confidence in him. (See diagram).

A well organized medical department cannot be overestimated, and it tends, by providing proper transportation, to the preservation of limbs and the safety of lives. If your wounded soldier is brought to the place where proper surgical treatment can be given, with the least possible delay, the period which elapses between the time the soldier is wounded and his return to the firing line is shortened. This is more important to the surgeon than cure, for his prime object is to keep the men in good fighting trim. Then also the speedy removal of the wounded has a good influence upon the soldier when he knows that assistance is near at hand should he get plucked. Again it has an injurious effect upon the morale of the new soldier coming up to reinforce the troops in action when he sees the battlefield full of wounded men or dead mules.

No one system can be laid down on the western front, a great number of men are in action; one or two armies may be engaged in one battle. Arrangements must be made to get the wounded from the firing line to the dressing station, then in field ambulances to the evacuation hospital (the English call it casualty clearing station and the French call it sorting station) and from there to the hospital trains to the base hospitals. Your surgeon must obtain enough stretcher bearers, he must know the up and down trenches, so as not to block the troop and ammunition trenches. He must provide sufficient ambulances, and see that they are properly loaded, also make use of empty ammunition trucks, see that roads are properly marked. Roads are so jammed that autos have to drive mostly in first speed.

When battle is given he figures that 40% of the wounded need to be transported, 15% lying down, 25% sitting up. 50% can walk, 35% to the dressing station, 15% mile or two. Out of every 100 hit you have:

Twenty killed outright, 8 moribund, 12 walk to D. S., 28 walk 1 to 3 miles—these

68 need no transportation; 20 sitting, 12 lying down—need transportation, 32. Need 5 ambulances for every 100 men shot—4 lying, 1 sitting, or 9 sitting up in each ambulance.

When a man is hit in the trenches the first aid dressing is applied and the man removed by stretcher bearer to aid station, which is in a dugout in the second or third line trench (dugout 23 feet under ground), from there the stretcher bearers take him to advanced dressing station, then to the main dressing station (field hospital) in animal drawn ambulance, thence to evacuation hospital by motor ambulance. As battalion medical officer you accompany your men to their destination, and in all probability your dressing station will be located and equipped by the surgeon that preceded you in some protected place, usually a dugout. Your men will have been informed of the location of your aid station, and parade to you. If you have cared for your men, inspecting their food, and clothing, caring for their feet, and giving them proper instruction, your sick call will be light, especially when the sector of the line remains quiet.

Any casualties, whether sick or injured, or wounded by the fire of the enemy, will be disposed of by you. Some you will mark on your sick report for duty, others receive medicine and remain on duty, others are excused from duty, and others you send to hospital. As to surgery you will do practically nothing. Your sick, provided their illness is slight, you will care for, but if severe, you let them go to the hospital without losing your fee. The wounded should be carefully examined by you, so that no severe injury gets by you. In the rush of an engagement, an oversight might be overlooked but not in times of comparative quiet.

All you need is a good bandage, scissors and a file to keep them sharp. Remove all clothing that may be necessary for examination. Artery forceps will be seldom used. The tourniquet you will need and frequently you must leave it on the injured limb; if you do, make a note of it upon the patient's record so as to draw the attention of the next one in charge to the fact of its presence.

Most persons put a tourniquet on too tightly and leave it on for hours without informing the surgeon. The rubber tourniquet with not too much rigidity is the best. Instruct your ambulance orderlies to loosen up the tourniquet even at the risk of some

bleeding, if the journey will take over an hour to reach the hospital.

Shell dressings—gauze pads of varying sizes, and different widths of bandages, will protect the wound. A snug dressing, yet not too tight will give comfort to your patient and will give you his gratitude.

Immobilization, whether of soft tissue or bone, demand your most earnest consideration. Rest, rest, and more rest and every effort you make to carry this out will give you ample returns for your labor. You will, as a rule, have splints at your command, but there is nothing better than the use of our regulation hand litter as a splint to meet all the indications for the treatment of any fracture, as worked out in an ingenious way of Major H. R. Allen, M. R. C. One man can crawl on his belly to the wounded man, immobilize by use of fixation forces, patient made comfortable, and at any opportune time be transported back.

Warmth—There is no single thing more desired, nor more frequently called for than warmth. The body heat is greatly depleted by lying out in the awful dampness and penetrating cold. Your patients complain of the cold and it is a matter of grave import; you find their extremities comparatively warm to the touch, but still they complain, which is an indication of great physical depression, with a grave prognosis. Blankets as a rule are available, hot stones, bricks, etc., must be resorted to. Give plenty of hot coffee, tea, cocoa, soups and the like, except, of course, in abdominal wounds.

Opiates—You will give morphine and atropine quite frequently, by hypodermic or more often by mouth. Its value when combined with a small quantity of alcoholic stimulant is the best preventive of shock. It is wonderful how little the soldier complains of pain. The fellow hurt the least will make the most noise.

Evacuation of sick. 1st. Slightly wounded will be those requiring simple dressings and they will be able to take care of themselves and even help some of the less fortunate to walk to the dressing station. Don't make your litter bearers (the ultra heroes of the war), carry any one that can walk.

Your severe cases, like compound fractures, knee joint injuries, etc. Remember in putting these men on the litters, to use the fixation method, extension, after reduction. Your head cases will go to a special hospital, carefully dress them and pass them on. Chest cases, except where the ribs have been shot away and you have hemorrhage

which demand gauze packing and pressure, require only immobilization.

Abdominal cases will demand your special care; make them as comfortable as you can, by placing them in a position that will give rest to the abdominal contents, elevating the shoulders and lowering the extremities. Snug bandaging is helpful. Injuries of the liver, spleen, or where abdominal parietes are destroyed, pressure and large dressings will help you get your patient along. The moribund make comfortable. You now have your patients ready for removal and you cannot keep them long. The bearers must get busy and carry them to the advanced dressing station. First carefully scan the heavens to see if Fritz has any aircraft or observation balloons up. If he is looking do not make any short cuts, but go to communicating trench, and turn into trench named wounded trench, set apart for the conveying of the wounded. Along the line there will be dugouts for the men and relay carriers. Make relays as reasonable as possible, for under the most favorable conditions the task is hard, especially in wet weather; when it is slippery, you have to brace yourself against the side of the trench as you slide along on the trench mats. Think what it means to carry heavy men 800 yards, and often farther with such footing. At the *dressing* station you carefully look over the cases, readjust dressings, relieve pain, give hot drinks, look after tourniquets, remove or slacken them, and see that all the wounded are properly tagged, and keep a record of the same.

See that your patients are properly placed in the waiting ambulance and that the drivers know the best roads, and if there is a special place designated for your head and abdominal cases, see that the cases go direct to the special hospital. Your motor ambulances operate to the evacuation hospital which if possible is located at some railhead, and your patients are sent to larger base by rail or boat. If you would give your best possible services to these men who have suffered and may give their lives to the cause of liberty, you must have careful oversight of the many details that concern you.

Give not thy tongue too great a liberty, lest it take thee prisoner. A word unspoken is, like the sword in the scabbard, thine; if vented, thy sword is in another's hand. If thou desire to be held wise, be so wise as to hold thy tongue.—Francis Quarles.

ARTERIAL HYPERTENSION.*

BY BENJAMIN GUTMANN, M. D.,
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It may be considered that the condition known as hypertension, or blood pressure above normal, is a subject that has been worn threadbare, but to me it has always seemed a fertile field for thought, and one, because of the varieties of its phases, the condition with which it is often associated and its manifestations in the sufferer, entitled to a fair share of consideration on the part of the physician.

The fact which strikes me most forcibly in connection with hypertension is, that many patients suffering from this condition may live comfortable and useful lives for fairly long periods of time, while in others the condition is rapidly progressive, incapacitating the patient and terminating life in a comparatively short period.

It is, therefore, obvious that from the condition of hypertension alone, we cannot and should not judge the prospects of our patient, but rather with the conditions associated with it and perhaps causing it, the prognosis depending upon these conditions rather than on the mere presence of increase above normal of blood pressure. Any discussion of hypertension really resolves itself into a discussion of its causes.

For purposes of convenience we might divide hypertension into two classes: transient or temporary and chronic or permanent. Of causes producing transient hypertension, we might name:

Acute asphyxia; acute cerebral compression; during anginal attacks, through nervous and psychical disturbance; lead colic; tabetic crises; acute nephritis; eclampsia.

Of the most practical interest in this group perhaps are: Acute nephritis, in that variety which attacks the glomeruli, in uræmic conditions, and eclampsia. The symptom of hypertension in these conditions is a guide to the course and to the prognosis of the disease.

The symptom subsides with convalescence from the disease. The hypertension in these conditions is probably not due to anatomical changes in the heart or arteries, because the rise seems too rapid, but more likely to the effect of toxic substances in the blood.

The second group of cases is of far more importance to us as clinicians, because it is

in this class that the greater number of cases fall that present themselves for treatment. This group might be divided into three classes:

First, simple or benign hypertension in which, for a time at least, this is the only symptoms.

Second, A malignant variety associated with diffuse chronic nephritis.

Third, a variety in which there is a varying amount of renal involvement due to changes in the arterial system and not to anatomical changes in the kidney.

The hypertension occurring in Graves' disease is considered to be due to eventual changes in the vascular system and not to the thyrotoxicosis of the disease. Hypertension is not always observed in arterio-sclerosis, in fact an advanced grade of this condition may be present with a normal or low blood pressure. When it does occur in arterio-sclerosis it is thought to be due to a sclerosis of the smaller arterioles or to sclerotic changes in the renal vessels.

The discovery of benign or simple hypertension in a patient may be accidental or during a routine examination. It may be discovered during life insurance examination. The patient is often unaware that the condition exists; when he does seek advice it is usually because of beginning failure of the cardio-vascular system, such as exertional dyspnoea, palpitation, vertigo, feeling of fatigue, etc., under such circumstances examination shows the hypertension and cardiac hypertrophy, with perhaps some dilatation of the aortic arch. At this time the urine is usually normal or may occasionally show albumen and hyaline casts.

In the malignant type of hypertension the evidence of the renal affection is clear. While the myocardial changes may dominate the clinical picture as it presents itself, the history and analysis of the urine will show the predominant renal origin of the disease by the presence of a urine of constant low specific gravity and the constant presence of large amounts of albumen as well as casts. The significance of this class of cases is the bad prognosis and its relatively short course.

The third group of the second class is perhaps the commonest variety of hypertension and the symptoms depend upon the presence or predominance of the renal involvement. The distinction between the first and third group of cases is difficult and sometimes impossible to make. Only by the history of the case and persistent urinary

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examination, with perhaps tests of renal function can one clearly define whether the renal changes are secondary to a long continued hypertension or are primary and causative.

The symptoms of hypertension, when they are developed, consist usually of the changes produced in various organs, principally the heart, kidneys and nervous system. In the malignant variety, or that associated with chronic nephritis the dominant symptoms are those of the nephritis and the renal symptoms are not a result of, but rather a cause of the hypertension. In the simple type the symptoms are reasonably characteristic.

The symptoms which cause the patient to seek advice are usually referable to beginning failure of the circulatory system, often an exertional dyspnoea, sometimes palpitation or praecordial pain; oedema of ankles, associated with these are frequently headache, vertigo, lassitude and impairment of memory.

The heart presents the most constant symptoms. Due to the long continued overwork to which the myocardium has been subjected as a result of the increased resistance with which it has had to contend, there develops a hypertrophy of the left ventricle and in later stages, through degeneration of the muscle fibres and perhaps through changes of the blood supply of the heart itself, there ensues a dilatation of the organ with insufficiency. It is at this point in the course of the disease that the regrettable sudden death from acute dilatation may occur. It is more regrettable because the physician is often not able to foretell the occurrence and is, therefore, unjustly condemned. There is no method, so far as I know, of determining when a heart muscle, weakened through degenerative and nutritional changes, reaches its breaking point.

The renal symptoms in the benign type of hypertension are due to the failing circulation rather than any anatomical change in the kidney structure itself, except when there is added an intercurrent inflammatory affection of the kidney. When the circulatory failure becomes marked, a condition of renal stasis ensues with pouring out of abundant quantities of albumen and casts.

The effect of hypertension on the central nervous system, we are all very familiar with. Hemorrhage and thrombosis, producing hemiplegia, aphasia, etc., are very common occurrences. The temporary aphasias and hemiplegias which clear up in a

comparatively short time are interesting phenomena of this affection, with a difference of opinion as to the cause of their production. I have at present a patient with these symptoms, who develops a hemiplegia and which disappears completely in the course of a day. The theory is advanced that these symptoms are due to local spasm of the blood vessels. In like manner other symptoms have been attributed to this cause, such as spasm of coronary arteries in angina pectoris, and so-called intermittent claudication in the vessel of the legs. Treatment: Of that type associated with primary renal disease, little need be said, except that the treatment is that of the underlying condition.

The treatment of the benign and mixed types calls for great judgment and acumen on the part of the physician. Of cardinal importance are rest, proper diet and prevention of infections. In the application of the first principal, rest, both mental and physical, we must show great good sense and study carefully our patient. Each case is an individual one, and when we ask a patient to rest we must consider his mental make up, his past activities, and his financial ability to apply our advice. Often patients with this condition defy the physician, disobey his suggestions and still survive for many years. The amount of physical rest required in any given case depends to a great extent upon the degree that the myocardium has suffered, and whether compensation is sufficient to meet the demands that are being made upon it.

That physical rest, even without evidences of circulatory failure, is beneficial and retards the progress of the affection, is well known, but if, by insisting upon rest in a previously active individual we make him unhappy, we defeat our purpose, unless we can devise some other less active manner of occupying his mind and time. The same argument holds good as regard mental strain and anxiety. If we can reduce his mental activities and still keep him happy we will accomplish something.

The value of diet is indisputable. First, because many sufferers from hypertension have been good liver and large eaters and consequently are over-weight and obese. Aside from the fact that high living and over-eating is looked upon as a contributing cause to hypertension, it is a well-known fact that obesity adds largely to the work of the heart, and by eliminating this feature from some of our patients, we can lighten the burdens of an already overtaxed organ. So we should in a rational way endeavor to

bring obese patients to somewhere near a normal average weight. I said rational way, because here too, we must study our patient as well as the disease. We must not destroy his strength by too radical rules and we must remember that the heart muscle suffers as well as do other muscles from undernutrition.

The reduction in foods, rich in protein, is logical and based principally on two ideas: First, that excessive protein intake is a primary cause in hypertension and can be so proven experimentally. Second, that protein rich food furnish substances that are prone to undergo decomposition in the bowel and produce compounds, which when absorbed account for so-called auto-intoxication. Whether these theories are true or not it would be logical to reduce proteins, because they increase the burden of elimination put upon the kidneys, which may already be taxed by means of the general condition. The amount of fluid intake is thought by many, and probably is, an important factor.

By elimination of infections is meant those infections which we now must commonly think of as causative factors in the production of acute inflammation of the kidneys, such as dental infection, tonsilitis and acute streptococcus infections of any kind, etc. The occurrence of an acute nephritis in hypertension may put an entirely different aspect on the case.

At all times we must consider the psychological side of the case. We must not make diets too irksome or be too insistent on the application of our ideas of rest. Even at the risk of some danger to his life we must at times make some concessions to his natural inclinations.

Of drugs, there is little to be said. Aside from those that are useful in combating the circulatory and renal changes incident to the condition, the drugs used for lowering the blood pressure are few and their action uncertain and doubtful. Nitroglycerin and the nitrites have been the most popular of these, but they are being used less than formerly, except where the necessity for quick and temporary reduction in the pressure is urgent. For it is considered that this action is but temporary and their long continued use may even be harmful.

Potassium iodide has long been used empirically and it does seem, at times, to have some influence on the condition. How and why we do not know. It would seem that the only logical reason for its use would be when the condition was associated with a luetic infection.

Clinical Reports.

Rare Affection of the Lacrymal Passages.—

Dr Fara, in *La Presse Medicale*, reports having treated a young man who presented in the area of the left lacrymal sac a punched out ulcer having a greyish flow. On the adjacent cheek were three subcutaneous abscesses. A whitish, cheesy pus escaped from the sac. The preauricular glands were enlarged and there was a fistula at the left angle of the jaw. Tuberculosis and syphilis could be excluded but cultures from the pus showed the presence of the fungus known as *Nocardia*. The lesions set up by inoculation of guinea pigs closely resembled those caused by Koch's bacillus. Curettage and iodine locally effected a cure.

Ludwig's Angina.

Dr. C. R. Steinke, in *Surgery, Gynecology and Obstetrics*, in reviewing Dr. G. E. Shainbaugh's paper in the *Surg. Clinic, Chicago*, gives the following case:

A man 20 years of age complained of a swelling in the floor of the mouth and the glands of the neck, especially on the right side, together with intense pain in this region and inability to close the mouth. There was great difficulty in swallowing. The affection began with a sore throat about one week before his admission into the hospital. The swelling in the mouth was raised to the level of the lower teeth and was board-like in resistance. It was impossible to see the faucial tonsils. The mucous membrane on the floor of the mouth, as well as the sides of the tongue was covered by dry whitish exudate. There was no discoloration of the skin nor any evidence of fluctuation. The temperature ranged from 101 to 103 degrees F. The leucocyte count was 16,350. Cultures from the mouth showed an almost pure growth of streptococci. The treatment consisted of hot, moist dressings about the neck, alkaline mouth wash, and morphine to reduce pain. Six days after admission pus began to ooze from an opening somewhere under the tongue. The infiltration under the tongue increased in size and hardness, and on the tenth day was opened, followed by the discharge of about two drams of thick yellow pus. Recovery was rapid.

Spinal Cord Changes in Combined Sclerosis.

Dr. W. F. Shaller, San Francisco, reports this case in a paper published in the *California State Journal*, Jan., 1918.

J. R. M. entered clinic February 28, 1912, age 47 years, complaining of inability to walk on account of weakness in legs and numbness, especially in the right leg.

Onset of trouble said to have followed a fall in June, 1911, and began with numbness in legs, especially the right.

Physical Examination: When seen in hospital, patient was bedridden, suffering from a spastic paraplegia with ataxia. Teeth in poor condition; pain felt on deep palpation over gall bladder and appendix; knee jerks and ankle jerks lively and hyper-tonus of leg muscles. Babinski and Oppenheim signs positive; pupils equal and react to light and accommodation. Sensibility: In the lower extremities, sensation

for touch normal; pain sense somewhat impaired; heat and cold also confused, especially in the outer portion of both legs, but with no definite localization. In the right gluteal region, and the dorsum of the left foot, there are areas of hyper-algesia. Deep sensibility not impaired. (Note in history—no mention of separate tests). Even at the beginning there appeared to be some impairment of the mentality shown by lack of attention and variation in the account of his illness. The value of the sensibility tests suffer perhaps on this account. As the disease progressed there was mental deterioration, the picture resembling the dementia in paresis and in addition patient was disoriented, suffering with delusions, and hallucinations of sight. Very restless, picked at imaginary objects, talked unintelligently. Loss of sphincter control; edema of legs and marked superficial sensory impairment in same, then loss of tendon reflexes and a picture of flaccid paralysis. Cerebro-spinal fluid for cells negative, globulin slightly increased; Wassermann in blood and cerebro-spinal fluid negative. Urine negative. Blood examination: Date, March 14, 1913; red cells, 3,520,000; haemoglobin, 68%; index, 0.9; remarks, poikilocytes few.

Unusual Complication of Typhoid Fever.

Dr. R. E. Thomas, Phoenix, Ariz., reports this case in the *A. M. A. Jour.*, Feb. 16:

Aug. 10, 1917, a 12-year-old boy was brought to St. Joseph's Hospital with typhoid fever. Relatives stated that he had seemed ill for the previous ten days. Sixteen days after entering the hospital, the patient rather abruptly lost the power of speech, although he was able to answer questions by signs. When spoken to he usually began to weep. After ten days the aphasia gradually disappeared, and in two weeks speech was normal. At this time the patient's mother and nurse both noticed that he used his right hand for every purpose, whereas before his illness he had been left handed to an unusual degree. From this time on, convalescence was uneventful. A letter, dated Dec. 26, 1917, reports that to all appearances the boy is right handed, and is now able to use both hands equally well.

Epithelioma of the Orbit.

Dr. W. C. Posey exhibited this case at a meeting of the Wills Hospital Ophthalmic Society, Philadelphia:

When the case first came under his care a year ago, the growth had invaded the external canthus and had pushed its way around the external wall of the orbit to the temple. He had dissected out the mass as well as he was able and had filled in the gap of denuded tissues by a pedicled flap from the temple. The case then passed from his observation until two weeks ago, when an extensive recurrence of the growth was noted, the first signs of which were said to have appeared about four months after its removal. The cancerous mass now presented a revolting appearance, the entire region represented by the canthus and right temple being a sloughing sore. The tissues of the outer side of the globe seemed involved and the eye appeared doomed. As the patient was blind in the right eye from an overripe cataract, the outlook was bad. Be-

fore operating on the cancerous area the cataract was successfully removed from the right eye. Some days later, under ether, the entire area of the cancer was removed with the knife, and the sublying tissues thoroughly treated by electrical desiccation. As is now apparent, the results of this procedure surpass all expectations. The wound left from the operation is granulating and filling in with great rapidity. Notwithstanding the advanced age of the patient, 67 years, and a general vascular sclerosis, the tissues of the eye appear normal and the corrected vision is normal. Dr. Posey spoke in enthusiastic terms of the remarkable results achieved in such cases by desiccation.

Removal of Bullet from Wall of Heart.

Dr. Hartmann of the Faculte de med. et chirurg., Paris, recently reported to the Academy of Medicine a new case of a projectile embedded in the wall of the heart and which was extracted successfully. This foreign body gave rise to the following alarming symptoms: precordial pain, palpitation, and arrest of the heart action with the sensation of imminent death, all these symptoms occurring especially during the night. Roentgenoscopy showed a bullet lodged in the wall of the right ventricle. Two ribs were resected, the pleura and pericardium were opened and the projectile was extracted. Immediately all of the symptoms disappeared and the patient made a very speedy recovery with only a slight increase in frequency of the pulse, 80 to 90 per minute.

Idiopathic Choledochus Cyst.

Dr. Waller, in *Hygiea*, reports this case:

A girl aged 10 years, subject for the past 7 years to abdominal pain. Recently acutely ill with pains over gall bladder region, vomiting, subicterus, fever. There was fist-sized resistance in right hypochondrium. Operation showed gall bladder normal, and an elastic mass, retroperitoneal, partly covered by transverse colon and duodenum. Suspicion of hydrocephrosis. Tumor ruptured during manipulation, with escape of 200 c.c. clear, dark-green bile. Cyst proved to be a greatly dilated choledochus. A sound introduced into the site of the rupture passed through Vater's papilla into the duodenum. The stump of the cyst was sutured in situ and a choledochoduodenostomy established. Smooth healing. Patient normal one year later. The number of cases of choledochus cyst previously on record was 34. The condition is believed to be congenital.

Vesical Calculus Incarcerated in Vagina.

Dr. Edward Lyon, Williamsport, Pa., reports this case:

E. A.—A girl, 2 years of age, was admitted to the Williamsport Hospital, March 12, 1917, with a history of incontinence of urine. A physical examination revealed a well-nourished, apparently healthy child, normal in every way excepting that she had partial exstrophy of the bladder with absence of the anterior wall of bladder and entire absence of part of urethra. On inserting a probe in the vagina a hard object was felt, which could not be removed without causing pain. The follow-

ing day, under anesthesia, a vesical calculus, about the size of a small marble and weighing 4 grains was removed from the vagina.

The etiology seems to have been a small calculus gaining access to the vagina and becoming gradually enlarged by urine dribbling into the vagina until it became too large to be removed without operation.

I know of no record of a similar case and think only the anomalous condition of this bladder would have produced this case.

Abstracts from Medical Journals.

Bright's Disease and Tuberculosis.—Dr. Nathan in *La Presse Medicale*, who has seen cases of this coincidence, states that hypertension is naturally a bad element for the consumptive, while edema is prone to have a pulmonary localization.

Early Diagnosis in Mental Disorders.—There is a tendency on the part of the physician as well as the public to make a distinction between mental and nervous disorders. This can only lead to confusion. There is no such distinction possible. All are disorders of the central organ, the brain, whether described as simple nervousness or insanity. When the physician recognizes this, and that he is dealing in every instance with a brain disorder, the possibilities of further development are realized and the patient is protected by this knowledge. The facilities for the proper treatment will only come when the profession recognizes the need and demands them.—Dr. Van Wart, New Orleans M. & S. J.

Pink Palms in Influenzal Pneumonia.

Prof. H. A. Hare, Philadelphia, in a communication in the Jan. 26 *Medical Record*, says: I have not seen any record of a pink and mottled erythematous, or dusky erythematous, color of the palms of the hands, noticeable from the base of the thumb to the wrist and from the base of the little finger to the wrist in influenzal pneumonia, but clinically I have observed this quite frequently. The appearance is somewhat similar to the discoloration caused by the contact of an unduly hot hot-water bag applied to the abdomen. I have noted it more frequently in severe cases than in moderate ones and I have come to regard it as indicative of a particularly severe infection. As one would expect, this symptom is best seen in those whose hands are not hardened by manual labor.

Uterine Cancer in Cuba.

Dr. E. R. de Aragon, in *Revista de Medicina y Cirugia*, Havana, insists on the importance of uprooting the popular impression that cancer is inevitably fatal from the first. At the Tamayo dispensary in Havana, fourteen had cancer of the 450 women patients, and in all the malignant disease was beyond an operation when first seen. He warns that because cancer is most prevalent between 40 and 70, is no reason for neglecting to examine younger women for cancer. One of the fourteen women was only 22 and the cancer of the cervix and vaginal walls was beyond operative

measures. Small hemorrhages after coitus are among the earliest symptoms. There were 132 deaths reported in Cuba in 1902 from cancer of the female genital organs, seventy-five white and fifty-seven negro women; in 1911 the figures were respectively 199 with 133 white and sixty-six negro women.

Diagnosis in Back Lesions.

Dr. James Warren Sever, in the Boston Med. and Surg. Journal, discusses several cases that showed fractures of one or more vertebrae which had escaped notice and therefore had not been treated. He says that compression fracture of one or more vertebral bodies is not uncommon, following falls on the feet or back or following the dropping of weight directly onto the flexed spine. The fracture is generally the result of forcible flexion of the spine, and usually there is no nerve involvement or cord pressure. The injury results in a weak, stiff, and painful back. The examination of any back case, especially following an injury, is always incomplete without a good x-ray. Kyphos is usually present, but does not always appear at once. The disability for heavy work is usually permanent. In so far as the majority of cases is concerned, they go unrecognized as fractures of the vertebral bodies because of inadequate examination, and consequently continue to suffer pain and disability, which is real and not feigned. No individual who complains of pain, soreness, or stiffness in the back, following an injury or a fall, should go without careful examination of the back. The bony repair is generally good, and, although there may be a persistent stiffness, the same is true of the supporting function of the spine, even in spite of a kyphos which may tend to increase somewhat. Permanent disability, so far as doing heavy, laborious work goes, generally follows such an injury, and as a rule a light back brace is needed for some time or always to give comfort and stability. The prognosis, so far as life is concerned, is excellent, provided that the cord has not been injured.

Exaggerated Views About the Contagion and Outcome of Pulmonary Tuberculosis.

Dr. Beverley Robinson in a paper in the *Medical Record* on the above subject concludes as follows: "I am glad to add it has been proven by reliable statistics, that results obtained in a model 'home hospital' are quite equal to those secured by sending patients to sanatoria, thus breaking up family ties and business affairs and causing great mental distress, which surely does not help 'a cure.'"

"In the advent of the 'home hospital' is found an additional plea for healthful homes for the poor, and in this way to prevent tuberculosis and not simply to cure it when it is already present. The managers of the Association for Improving the Condition of the Poor in New York have established in their 'home hospital' a model to be followed by all who wish to improve tenement-house conditions. I regret that at the present time we have no 'home hospital' for our ill-colored citizens. The summary, taken from the last 'Home Hospital' report, is most instructive. I append it here:

"1. Since, so far as is known, no individual not previously infected with tuberculosis has developed symptoms of the disease while a resident at the Home Hospital, it would seem that under proper medical and nursing supervision tuberculosis may be treated in homes without serious danger of infecting well members of the family.

"2. Since the condition of the children has been so greatly enhanced the Home Hospital affords treatment at least the equal of preventorium care. Moreover, adequate corrective work is accomplished.

"3. Since most of the incipient and many of the moderately advanced cases have been restored to health the medical results compare most favorably with those of the best sanatoria; and finally

"4. Since so much has been accomplished in the social and economic rehabilitation of the families, the medical and economical practicability of the Home Hospital method of treatment seems to have conclusively demonstrated its real practical value in the treatment and control of tuberculosis in urban communities."

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The regular meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, March 8, 1918.

Dr. Edward Z. Holt of Atlantic City, gave a talk on "The Treatment of Long Standing Suppuration."

A paper on "The Treatment of Chronic Cervical Catarrh," prepared by Dr. Alfred Heineberg of Philadelphia was read by Dr. Walt P. Conaway of Atlantic City.

Prof. Howard A. Kelly of Baltimore read a paper on "Treatment of Fibroid Tumors with Radium." He first considered these cases from the standpoint of surgery. Operation indicated when the flow is serious, when there is rapid growth and pain. Bleeding is not a classical symptom. Small tumors with no marked symptoms should not be operated upon. The dangers from surgical procedure are hemorrhage, sepsis, embolism and delayed convalescence.

He then gave a detailed account of 211 cases treated by radium. Of this number 28, because of various complications and recent data, could not be used as a basis for deductions. Of the remaining 173, in 87 cases, the tumor is gone, in 62, diminished, and 14 are symptomatically well.

Radiation stops menstruation, which may, or may not, return later. The symptoms of the artificial menopause are not severe, as a rule.

The technique is of the utmost simplicity. Salts of radium are rather bulky but the gas eliminated is the active part of radium. This is collected in small vials and readily handled. A milligramme of radium gas is called a millicurie, in honor of Madame Curie. From 300 to 500 millicuries are applied and left in position for three hours. If left too long in one position, a slough results.

Unpleasant symptoms of treatment are nausea, abdominal tenderness, leucorrhœal discharges for a short time, and rheumatism.

The great hope of the surgeon is the time when surgery shall not be any more and radiation be considered the first method toward this end.

Drs. W. Blair Stewart, Dr. Emory Marvel and Dr. Philip Marvel took part in the discussion which followed. Dr. Kelly, in response to questions asked, said that the term best suited to the radio-active waters on the market, is camouflage. He has no record of pregnancy following radiation. In leukemia, results obtained from radiating the spleen; none from radiating the long bones. In Hodgkin's disease there has been marvelous improvement over some months. Comparing treatment by radium and x-ray, he stated that less time is required by radiation.

A business meeting followed the program. Dr. Thomas Youngman, Dr. R. N. Fowler and Dr. M. S. Madden were elected members.

On motion by Dr. H. I. Silvers, the society endorsed the Owen bill which provides for higher rank and pay for physicians and surgeons in the Medical Officers' Reserve Corps.

Correction.—In the March Journal report of the Atlantic County Society, Dr. Matlock was reported as having said* in his paper on the "Surgical Aspects of Goitre," that simple goitre in which there is a lack of iodine supply, is now surgical; it should have been is non-surgical.

CAMDEN COUNTY.

Grafton E. Day, M. D., Reporter.

The December meeting of the Camden County Medical Society was held on the 12th at the request of the Council of Medical Defense.

Dr. J. E. Howard, chairman, reported the new minimum fee list as follows: Visits, \$1.50; night calls, \$2.00; out-of-town calls, \$2.00; office calls and prescribing by phone or letter, 75 cents; obstetrical cases, \$15. These, as minimum fees, were unanimously agreed to; several members of the West Jersey Homeopathic Medical Society were present, by invitation, and agreed to them.

Drs. Frank Dedaker, Gloucester, and Stella C. Fisher, Camden, were elected members.

Then our president, Dr. W. W. Kain, introduced the speakers of the Council for Medical Defense, Majors Henry D. Jump and Edward Martin, Colonels Siter and Kraker, and Col. Moore, the Governor's representative. By these eminent worthies we were alternately informed, urged, scolded, directed and appealed to, to "do our bit" as medical men for our country. The need, the responsibility, the opportunity for service, were plainly stated. The occasion was graced by the presence of the ladies by special invitation.

Annual Social Meeting.

The annual social meeting of the county society was held on Lincoln's Birthday anniversary evening, February 12th. The special business was the report of the board of censors on the case of a member charged by another county society with unethical conduct. The report was read, discussed at length and referred back to the censors for a hearing at an executive session of the society later.

We then heard Mrs. Miriam Lee Earley Lip-

pincott in an abridged (for lack of time) program before dinner was served. After dinner, tripping of the light fantastic toe was participated in by those desiring.

HUDSON COUNTY.

Howard S. Forman, M. D., Reporter.

The regular monthly meeting of the Hudson County Medical Society was held March 5th, 1918.

Dr. Henry Spence spoke of the needs of the Red Cross in Hudson County and the necessity of raising ten thousand dollars a month to carry on the work here urging the medical profession to do their share.

A motion was passed that we urge Congress to pass a bill granting the same rank and privileges to officers of the Medical Reserve as to the officers of the regular army.

The society then listened to a very interesting paper on the Carrel-Dakin Treatment of Wounds by Dr. G. Dehelly, Chief Surgeon of the Carrel Mission from France to the United States.

This was followed by lantern slides illustrating the method of application and the rapid and wonderful results achieved by this method both in France and in the Rockefeller Institute.

MERCER COUNTY.

H. D. Williams, M. D., Reporter.

The regular meeting of the Mercer County Component Medical Society was held at the City Hall, Trenton, March 5th, 1918.

Dr. Atkinson reported a case of supposed cholelithiasis; on operation a negative gall-bladder was found, but multiple tubercles were scattered over the surface of the liver.

Dr. Hawke reported an operation for intestinal obstruction caused by a hernia through the mesentery.

Dr. Schoening reported several cases in which an inflammatory exophthalmos was a predominating symptom.

Dr. Olmsted reported three cases of suppurative otitis media, and outlined the treatment necessary for closing the resulting perforation of the membrane.

Dr. Sommer reported three cases of carcinoma of the rectum, and recommended the abdomino-perineal operation in two stages.

Mr. Muschert of the Potters' Association, addressed the society, requesting co-operation on the part of the physicians in the hospital treatment of the pottery employees. A committee of three was appointed to confer with the association and make a report to the society.

MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter.

The regular meeting of the Middlesex County Medical Society was held at the Middlesex General Hospital, New Brunswick, New Jersey, on Wednesday, March 20, 1918. The attendance was small but an interesting program was in order.

The president, Dr. Meacham, could not be present because of the loss of his five-year-old son, who passed away after two weeks of illness. Expressions of sympathy were passed upon and a committee appointed to draw up and forward resolutions to Dr. Meacham.

A paper on "Hypertension" was read by Dr. Benjamin Gutmann. He spoke of the different types and the treatment.

A complimentary dinner was given on Friday evening, March 22, 1918, to Dr. David C. English, by the Middlesex County Medical Society, in honor of his fiftieth anniversary in the practice of medicine. Many doctors were present not only from Middlesex County but from other counties in the State.

Dr. B. M. Howley acted as toastmaster and filled the position most acceptably, introducing the speakers of the evening.

Dr. Frank M. Donohue extended the greetings of the members of the Middlesex County Medical Society and spoke of the many years of close fellowship with Dr. English, both as a medical practitioner and as a friend. He spoke of the exemplary life of Dr. English, both as a physician and as a Christian gentleman during many years of service in New Brunswick. Dr. English never sought political offices, but during his early years in New Brunswick, served as alderman for two years and during those two years worked zealously in the interests of the city. During his entire period of medical practice, Dr. English has been a member both of the New Jersey State Medical Society and the Middlesex County Medical Society. He has held many offices of importance in these societies, including the presidency of the State Society and the editorship of its Journal, and also has been treasurer of the Middlesex County Society for forty-two years.

Dr. Henry B. Costill, an intimate friend of Dr. English for many years and the present chairman of the Legislative Committee of the State Society, brought greetings from Mercer County.

Dr. Gordon K. Dickinson, vice-president of the New Jersey State Medical Society, represented that body and spoke of the inspiration which Dr. English had given him during the many years of their friendship.

Dr. Thomas N. Gray, the recording secretary of the State Society, brought greetings from Essex County.

All of these speakers mentioned their great appreciation of Dr. English in his work in the State Society, and of the many Christian qualities which the members of the Middlesex County Society have had the opportunity of seeing throughout so many years of his life among them.

Judge Peter F. Daly brought greetings from the legal profession.

Dr. English, the last speaker of the evening gave many interesting reminiscences of his years of practice.

Letters were read from Dr. G. H. Simmons of Chicago and Dr. Howard A. Kelly of Baltimore expressing their regret for being unable to be present and extending most hearty congratulations to Dr. English upon the completion of this long period of practice.

The members of the Middlesex County Medical Society feel great appreciation for Dr. English's work among them and realize that the success, both of the county and the State Society, must be attributed largely to the efforts of this man. During his years of practice, the membership of the county society has increased from sixteen to sixty-eight.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The Morris County Medical Society met on Tuesday evening, March 12, at the Mansion House, Morristown. President, Clifford Mills, was in the chair, and all the officers and a large number of members were present. Among the visitors were First Lieut. Ernest A. L. Dickinson, M. R. C. Post Surgeon, and Lieut. H. T. Himmelen, Ord. R. C. of Picatinny Arsenal, New Jersey, Dr. John V. Donnet of the State Hospital at Morris Plains and Dr. F. E. Perkins of Morristown Memorial Hospital.

Dr. C. R. Wright of Landing, New Jersey, was elected unanimously to membership.

Resolutions were drawn up relative to the death of Dr. J. B. Griswold and were read and approved.

A letter was read from Dr. D. C. English regretting his inability to attend this meeting. The doctor recently passed his seventy-sixth birthday and fiftieth year since he was graduated from the College of Physicians and Surgeons of New York and the society went on record extending hearty congratulations and best wishes to the doctor.

A resolution was carried that all physicians in active service be carried as members of the Medical Society and as members of the Relief of Widows and Orphans of Physicians of New Jersey, during the time that they are in active duty.

The paper of the evening was read by Dr. Thomas N. Gray of East Orange, the subject being "A Preliminary Report on the Value of the Von Pirquet Reaction and on the Use of Tuberculin in Children." The doctor thought the Von Pirquet test was not always of value. Frequently several tests were required before a positive result was obtained. The reaction in this test is divided into three classes, designated, 43, 42 and 41, respectively, and the doctor thought that the correct interpretation of these would show whether the lesion were active, whether the patient were on the road to recovery or very recently infected. He advised the use of tuberculin in treating tuberculosis in children and considered that forty-five per cent of his cases had been arrested when so used. He, of course, admitted that other factors might aid in this arrest, such as hygienic surroundings and the increase of nutritious foods.

The discussion was entered into by Drs. Mial, Flagge, Evans, Glazebrook, Fisher and Johnson.

A discussion as to the symptoms and treatment of T. N. T. poisoning was opened by Dr. Costello of Dover who said that he had treated several cases in which pulmonary edema had been marked; in most of them there was profuse expectoration, and some of the cases apparently were on the road to recovery when sudden death intervened. Nothing definite was given as to the best treatment which so far must be symptomatic.

Through Father Ellard and the members of the medical staff, the managers of All Souls' Hospital at Morristown invited the members of the society to the hospital for their next meeting. They have just completed a new hospital which is now open to inspection by those interested. The managers have decided not to

use this new building for local cases, but it has been offered for use of the United States Government for duration of the war. The society accepted the invitation to meet at the hospital and left all arrangements with the executive committee with power.

At the close of the business session a brief social session was indulged in around the festive board.

Local Medical Societies.**Summit Medical Society.**

William J. Lamson, M. D., Secretary.

The regular meeting of the society was held at the residence of Dr. Bowles on Friday, March 29, 1918, at 8.30 P. M., Dr. Jaquith entertaining.

Present: Drs. Baker, Bebout, Bowles, Campbell, Dengler, English, Jaquith, Krauss, Lamson, Meigh, Moister, Morris, O'Reilly, Smalley and Tweddell; and Drs. Falvello of Summit and Embury of Basking Ridge as guests.

Dr. Arthur E. Tator of Summit was unanimously elected a members of the society.

The program of the evening was varied from the usual routine, and instead of a formal paper Dr. Bowles presented some interesting clinical cases for our consideration. Some of these were as follows:

1. A boy with an extensive burn on the back of the leg, with contracture of the knee, treated by skin grafting and splint. Recovery.

2. Boy with compound fractures of superior and inferior maxillae, with loss of 4 teeth above and below, treated by autogenous bone graft and splint, with restoration of function.

3. Boy with fracture of thigh with overriding of fragments, treated by Lane plate. Recovery.

4. Man, 58, with multiple fracture of patella, treated by suturing with kangaroo tendon and wire splint. Recovery.

5. Man with fracture if both arms above elbow. Left was a simple fracture. Right was compound, 7 pieces. Three of these were removed, and the others wired with kangaroo tendon and Lane-plated. The plate had to be removed two months later on account of necrosis, but the arm is now healing, although there is some ankylosis of elbow.

6. Man with 38 bullet wound in first lumbar liver, bullet lodging behind the parietal peritoneum, removed, and recovery perfect.

7. Man with duodenal ulcer, operated on one year ago for immediate relief of pain, by simple excision and suture. Pain has recurred, and he will probably require a future gastro-enterostomy.

8. Another case of duodenal ulcer treated radically by post gastro-enterostomy, with a perfect recovery.

9. Boy shot in abdomen with 38 bullet, with resulting perforation of gut and right lobe of liver bullet lodging behind the parietal peritoneum. Severe hemorrhage from liver. The liver was packed with gauze, bullet removed, and the boy is perfectly well.

Dr. Morris also reported an unusual case of measles in a boy 7 years old, who ran a temperature of about 105 for 5 days before the rash appeared. A few days later desquamation occurred over the entire body in pieces as large

as 3 to 4 inches in diameter. The extensive desquamation was attributed to the hyperpyrexia.

A delicious buffet supper was served by our host after the discussion.

Burlington County Anti-Tuberculosis Asso'n.

At a largely attended meeting of enthusiastic workers from various sections of the country, held last month in the City of Burlington, this association was organized with Dr. M. W. Newcomb of Brown Mills as its president. It was pointed out that 123 new cases of tuberculosis in the county were reported to the bureau of vital statistics last year and that there were 108 deaths from tuberculosis in 1917. It is planned to open a clinic and headquarters in Burlington City at once and later clinics will be established in other parts of the county.

Notices of Meetings.

AMERICAN MEDICAL ASSOCIATION.

The sixty-ninth annual meeting of the Association will be held in Chicago, Ill., June 10-14, 1918. There will be a series of clinics for the Fellows of the association, beginning Thursday of the week preceding and continuing up to the Tuesday eve of the convention week. These clinics will cover every phase of medicine—surgery and specialties and will be conducted by eminent clinicians.

The local Committee of Arrangements is actively engaged in perfecting plans for the comfort and entertainment of the Fellows of the association and their guests. All correspondence with the local Committee on Arrangements or with any of its subcommittees should be addressed to 25 East Washington street, Chicago.

Alumni and section dinners will be held on Wednesday evening, June 11, from 6 to 8 o'clock so as not to conflict with other events which are being planned. The chairman of the sub-committee on alumni and section entertainment, Dr. J. H. Stowell, announces that his committee is co-operating with officers of alumni associations in arranging for reunions.

Academy of Medicine of Northern New Jersey.

The stated meeting will be held Wednesday, April 17th, at 8.45 P. M., when there will be election of officers of the Academy; election of members and a paper by Dr. Charles G. Kerley, Prof. Diseases of Children, N. Y. Polyclinic Med. School and Hospital, on "Digestive Disorders in Children Dependent on Mechanical Agencies."

The Section on Medicine and Pediatrics will meet Tuesday, April 9th, at 8.45 P. M. There will be the election of officers; report of cases and a paper to be later announced by section postal card.

The Section on Eye, Ear, Nose and Throat will meet Monday, April 22nd, at 8.45 P. M. There will be the election of officers, reports of cases and a paper on "Surgical Treatment of Detachment of Retina," by Dr. Thomas H. Curtin, surgeon, Bronx Eye and Ear Infirmary, etc.

The Sections on Obstetrics and Gynecology and Surgery—under the auspices of the Section on Gynecology—will meet Tuesday, April

23rd, at 8.45 P. M. There will be election of officers; reports of cases, and a paper—subject and author to be announced later on section postal card.

Conference of Charities and Correction.

The seventeenth annual meeting of this Conference will be held in Broad Theatre and the Robert Treat Hotel, Newark, on April 21-23, 1918, beginning at 8 P. M. on 21st, when President Flemming and Hon. W. H. Taft will deliver addresses.

The topics to be presented and discussed will be: Monday, 10 to 12.30, "Relief and Family Welfare"; 2 to 4 P. M., "Maintaining Standards in War Times"; 8 P. M., "Co-ordination and Correlation Between Public and Private Charities."

Tuesday: 10 to 12 A. M., "Saving the Children in War Times"; 2 to 4 P. M., "Community Services—Other than Relief—Arising Out of the War"; 8 P. M., "After War Work with the Handicapped and the Labor Supply."

All meetings will be held in the Robert Treat Hotel except the Sunday evening meeting.

Miscellaneous Items.

Dr. Coit's Portrait Presented to Hospital.

A portrait of the late Dr. Henry L. Coit,

who founded the Babies' Hospital in 1896, was presented to the hospital on February 28, at memorial exercises held by the Graduates' Association. The annual reunion of the graduates, in the afternoon, was the first ever held without Dr. Coit, who died March 12 last year.

Dr. Elmer G. Wherry read a paper on Dr. Coit. Rev. Dr. Louis C. Muller, pastor of the DeGroot Methodist Episcopal Church, also made an address.

The presentation of the portrait was made by Mrs. Louis L. Staehle and was accepted for the hospital by Frederick Frelinghuysen, president of the board of directors.

Compulsory Health Insurance Killed in Massachusetts.

The Special Recess Commission on Social Insurance appointed by the Massachusetts Legislature to consider Governor McCall's recommendations for compulsory health insurance reported January 15, 1918, in opposition to the establishment of a State system of compulsory health insurance, declaring such a system has few supporters, is opposed by laborers and employers alike, and is distinctly class legislation.

Two Convicted for Illegal Practice of Medicine.

Two recent prosecutions conducted for the State Board of Medical Examiners by the Attorney-General of the State, have resulted in the conviction of Albert Q. Carman of Trenton, for the practice of medicine without a license, and the conviction of Casimer J. Giedroye of Passaic, as a chiropractor. The trial of the latter took place nearly a year ago and resulted in his conviction and a \$200 fine was imposed. He appealed to the Supreme Court which on February 11 affirmed the conviction.

(Continued on page 134).

THE JOURNAL

OF THE

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—
 All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

THE 152nd ANNUAL MEETING

OF

THE MEDICAL SOCIETY OF
 NEW JERSEY

WILL BE HELD IN THE

NEW MONMOUTH HOTEL,
 SPRING LAKE

ON

Tuesday and Wednesday

June 25-26, 1918

THIS YEAR'S ANNUAL MEETING OF
 OUR STATE SOCIETY WILL BE AN IM-
 PORTANT ONE. EVERY DELEGATE
 SHOULD BE PRESENT AND AS MANY
 MEMBERS OF EVERY COUNTY SO-
 CIETY AS POSSIBLE. THE LATTER
 WILL BE ENROLLED AS ASSOCIATE
 DELEGATES. DON'T FORGET TO
 BRING THE LADIES.

If there ever was a time that called for loyalty to our profession in sustaining State and county medical societies, it is the present time. The medical profession in New Jersey has proven its loyalty to our country all through its long State Society's history and its honorable record in serving the country has been due to the fact that it has been a well-organized profession.

DR. GRAY AND SOCIETY DUES.

We hereby correct the report that our Secretary—Dr. Thomas N. Gray—is still sick and unable to attend to his work. The fact is that he has not only resumed all his work but has been obliged to do some extra work that, even as the faithful Secretary of our State Society, he ought not to be required or asked to do—writing scores of letters reminding members that they had forgotten to pay their annual dues and writing county society treasurers that dues paid them had not been sent to Treasurer Mercer. It is stated that on April 1st two or three counties had not yet paid any of their members' dues. In these times that call for loyalty and patriotism, *this ought not to be so*. It is generally believed that our State Society made a mistake in reducing the 1918 dues to two dollars. Most of the State Societies and some county societies have increased dues. Little Rhode Island made their 1918 dues ten dollars. Let us not come up to our State Society meeting in June with a largely decreased membership because of delinquency! It would not reflect honor on our great profession or on our grand old State Society.

We thank God that Dr. Gray has recovered from his severe illness and we hope will for many years be spared to us for such faithful service as has been rendered in past years. Let us not lay unnecessary burdens on him.

MILITARY HOSPITAL SERVICE DURING THE REVOLUTION.

The first draft of a plan for the organization of a military hospital service during the Revolution was drawn up by Dr. William Shippen of Philadelphia, with the co-operation of Dr. John Cochran. It was written out in Shippen's own handwriting and transmitted to Congress on February 14, 1777. The committee report on this proposal in the handwriting of Dr. Benjamin Rush was submitted to Congress on February 27, 1777. In addition to providing for director generals for each of the northern, middle, and southern districts proposed, and their assistants, the plan provides for an apothecary general, "whose duty it is to receive, prepare & deliver medicines & other articles of his department to the Hospital & ye Army as shall be ordered by ye Director General. Apothecary and mates to obey ye Apothecary General." It is interesting to note that the first draft of a plan for the organization of a military

hospital, as far back as 1777, provided for an apothecary general and mates, but that we are now without these officials or their equivalents in the service. There are now before Congress three bills providing for the organization of a pharmaceutical corps in the Medical Department and the Surgeon-General has appointed a committee to consider the proposal for establishing such a corps. The project has received the endorsement and it is interesting to see that as far back and it is interesting to see that as far back so distinguished a physician as Dr. William Shippen. The text of the draft, furnished by Colonel William A. Owen, curator of the Army Museum at Washington, is printed in *The Annals of Medical History*, vol. i, No. 2, together with a facsimile reproduction of a page of the manuscript which provided for "the flying hospital," the precursor of our present field hospital. That the value of the female nurse was appreciated even then is shown by the fact that provision is made for one matron to every 100 sick and to one nurse for every fifteen sick, the nurses to be under the direction of the matron.—Exchange.

Dr. John Cochran, above referred to, was born in Pennsylvania in 1730; settled in New Brunswick, N. J., in the early '60's; was one of the founders of the Medical Society of New Jersey, 1766; was president of it in 1768 and re-elected in 1769, and was its treasurer 1766-1768. He bore a conspicuous part in the Revolutionary War, he was attached to General Washington's staff. Congress commissioned him as director general of hospitals in the United States.

RANK OF MEDICAL RESERVE CORPS OFFICERS.

The New York State Committee of the medical section of the Council of National Defense, of which Dr. George D. Stewart is the chairman, is sending a letter to all medical organizations in the State urging them to send to the New York Senators and Representatives in Congress resolutions endorsing the Owen and the Dyer bills recently introduced into the Senate and House respectively providing that officers of the Medical Reserve Corps be given equal rank with those of the Regular Army and that they have the same eligibility to advanced rank as is now provided for the line officers. It is pointed out that the passage of these bills is of the highest importance to the medical profession as an evi-

dence of the recognition of the patriotic services of that profession which has furnished to the Federal Service a greater proportion of its members than any other.

We ask our New Jersey county and local medical societies to send similar resolutions to the New Jersey Senators and Representatives in Congress, urging them to vote for these bills, not simply because it is a recognition of the profession's patriotic services but that it is just and right.

BE SURE YOUR ANNUAL DUES ARE PAID, AS SECRETARY GRAY IS OBLIGED TO REPORT SOON TO THE AMERICAN MEDICAL ASSOCIATION THE NAMES OF ALL DELINQUENTS.

A PERSONAL WORD.

We ask pardon for departing from the observance of the rule we made when we became editor of the Journal—of refraining from any reference in our editorial columns to the kind expressions of brethren toward us or honors conferred on us by organizations. Because of references by others in this issue of the Journal, we cannot refrain from expressing grateful and profound thanks for the generous recognition—far beyond what we deserved—of our fifty years of work in the medical profession; also of our 50 years of membership in our county and State medical societies, such membership resulting from our conception of the profession as the highest and holiest calling in the world and our belief that the proper place for its members was in the regular organized professional bodies.

Our thanks are most gratefully tendered to the Middlesex County Medical Society for the dinner given in our honor; to the guests present on that occasion representing the State and county societies; to Judge Daly representing the legal profession; also to Dr. Simmons, editor of the A. M. A. Journal; Dr. Howard A. Kelly of Baltimore and to the many other brethren who sent their congratulations and best wishes. We shall interpret it as meaning added responsibility and better life and service.

We take this occasion of extending our own congratulations and best wishes and we are sure those of our Society's members to Drs. William J. Chandler, J. Ackerman Coles and Herman C. Bleyle, who also celebrate this year their 50 years of work in the medical profession; the two first named graduated in the class of 1868 with the undersigned, and Dr. Bleyle from the Bellevue Hospital Medical College the same

year. They have honored our profession and we wish them years yet of life and association with us. If there are others who celebrate their fifty years of work in the profession, we include them in our congratulations. DAVID C. ENGLISH.

HOSPITAL OVERCROWDING.

We call attention to the fact that the State Hospital at Morris Plains still remains overcrowded. With a normal capacity of 1,650, they had at the close of the year 2,685 patients, and if the 81 who recently were transferred to the State institutions at Skillman and Trenton had remained there it would have made an excess of over 1,100. (See report under Hospitals). Dr. Evans has been doing excellent work there during his 25 years' service as Medical Director, of which he received fitting recognition on June 2, when his friends presented him a loving cup, but the State should not longer permit his work and that of his associates there to be handicapped by the overcrowding of the institution.

CANCER DANGER SIGNALS.

The practicing physician does not need to be conversant with all the details of cancer research, constructive and interesting as these are. He does need to recognize the importance of early diagnosis and adequate treatment, if the death rate from cancer is to be reduced.—California State Journal.

Cancer is at first a local disease. In external Cancer,—for example, on the face, lip or tongue—there is usually something to be seen or felt, such as a lump or scab, or an unhealed wound or sore. Lumps in the breast may be of special significance. Cancer inside the body is often recognized by symptoms before a lump can be seen or felt. Persistent indigestion with loss of weight and change of color, as well as other abnormal body conditions, should be thoroughly investigated.

OUR EDITOR HONORED.

On Friday evening, March 22nd, a number of the members of the Middlesex County Medical Society and invited guests from the State Society gathered at a banquet at the Hotel Klein in New Brunswick to honor their treasurer and editor of our Journal, Dr. David C. English of New Brunswick, on the occasion of his golden jubilee in the medical profession. After a tasty repast, Dr. B. M. Howley, who acted as toastmaster, presented Dr. Frank M. Donahue, who tendered Dr. English the good wishes from Middlesex County. Drs. F. B. Costill, Thos. N. Gray and Gordon K. Dickin-

son voiced the felicitations from the various sections of the State, while a most inspiring congratulatory address by Judge Peter F. Daly, extended the congratulations from the legal profession to the guest of honor. Dr. English was much affected by these speeches but was able to respond with his usual power. He mentioned with gratification two very cheerful letters from Dr. Geo. H. Simmons, veteran editor of the Journal of the American Medical Association, and from Prof. Howard A. Kelly of the Johns Hopkins University of Baltimore. Among the guests of the Middlesex County Society who were present to help in honoring Dr. English, were in addition to those mentioned above, Drs. E. J. Ill, J. F. Hagerty, A. A. Strasser. Telegrams of regret from Drs. Philip Marvel and C. R. P. Fisher, expressed their good wishes even if not present in person.—A. A. S.

CORRESPONDENCE.

From President W. G. Schauffler.

Lieut.-Col. Schauffler writes from Camp Beauregard, La.:

My heartiest congratulations on your semi-centennial. I wish I could have been among those who did you honor on Friday. May you be spared for many more useful years. * * * I hope I may have the good fortune to be with you at the annual meeting. Our plans are absolutely uncertain. We do not know from day to day what may be in store for us. * * * My kindest regards to all inquiring friends.

From Major J. D. Lippincott.

March 15th. I have been ordered to the base hospital at San Juan, Porto Rico. I leave to-morrow and have the pleasure of taking Mrs. Lippincott with me. I am enjoying my work in the army. I do not regret for one moment the sacrifice I have made; this feeling I have found among all the men I have met—a most wonderful patriotic spirit.

Under date of March 23rd the doctor writes: We arrived here at San Juan, Mar. 20, after a most delightful voyage. Upon my arrival I was informed by the commanding officer that I was promoted to Major and will be in charge of the Medical Department of the base hospital. The building which is to be used as the hospital is now occupied by young officers in training. After they leave, the Government is to spend \$100,000 to remodel and place in condition for base hospital. At present we are organizing our forces and preparing for the future draft.

Medical Preparations Under the New Tax Law.

As the new tax law will affect drugs for use of the physician we give some of the rulings of the Commissioner of Internal Revenue on the subject.

Where a preparation is sold to physicians for use in their own practice and statement on the label attached to such preparation sets forth the diseases for which the preparation is usually prescribed, such preparation will be considered as being held out to the public as a remedy or specific for diseases or affections, and will be subject to tax.

The physician who puts preparations into a salable condition is subject to the "manu-

facturer's" tax, upon the sales of such a preparation, as provided in Section 600, Sub-division h, of the new tax law. However, if the physician does not offer the preparation for sale under a label, trade mark or trade name, but simply dispenses the same to his patients in bulk, the tax will not apply.

A physician purchasing pure grain alcohol for use solely in the preparation of medicines dispensed by him to his patients, or which is itself dispensed by him to his patients for medicinal purposes, would have to qualify under the new tax law by the filing of application and bond and securing a permit from the Collector of Internal Revenue, under the provisions of the regulations. No physician could dispense alcohol to his patients without first medicating the same according to one of the ten formulas set forth in Treasury Decision 2576, and the dispensing would be limited to one pint or less in each instance.

The ten formulas prescribed are as follows:

1. Carbolic acid, 1 part; alcohol, 99 parts.
2. Formaldehyde, 1 part; alcohol, 250 parts.
3. Bichlorid of mercury, 1 part; alcohol, 2,000 parts.
4. Bichlorid of mercury, 0.8 gram (12 grains); hydrochloric acid, 60 mils; alcohol, 640 mils; water, 300 mils.
5. Bichlorid of mercury, 1½ grains; hydrochloric acid, 2 drams; alcohol, 4 ounces.
6. Formaldehyde, 2 parts; glycerin, 2 parts; alcohol, 96 parts.
7. Carbolic acid, 1 dram; tannic acid, 1 dram; alcohol, 1 pint; water, 1 pint.
8. Alum, ½ ounce; formaldehyde, 2 drams; camphor, 1 ounce; alcohol and water, of each 1 pint.
9. Lysol, 1 part; alcohol, 99 parts.
10. Liquor cresolis comp. (U. S. P.), 10 mils; alcohol, 1,000 mils.

Miscellaneous Items, Continued.

"Quit You Like Men."

From the Clearfield, Pa., Bulletin.

It always seems that a good start augurs well for any enterprise and this year the county societies more than ever before need the hearty support and co-operation of every member in order to make up for the loss of those noble fellows who have gone to care for the boys who are offering their lives on the altar of Liberty. They shall preserve the dignity of the American profession by their noble acts abroad; let us then preserve the dignity of the profession by our noble acts at home and at the same time let us keep the camp fires burning so that when they return as we pray God they may, they will not find us asleep at the post of duty but in action preserving not only life but also the noble institutions which they have helped to found and have fought to preserve. Let us each resolve to commit ourselves more than ever loyally to the tasks before us this year and let us put our whole energy into the work of our county medical societies doing the bit which may be assigned to us with a vim that is unusual for during this year the unusual is what is expected of us and the county society has as much right to exact the unusual of us as

any other organization and it becomes our patriotic duty not to be found wanting in any particular. "Quit ye like men."

The Medical Profession in the War.

President Eliot said in May, 1917:

"In the present crisis in the life of the American people, the medical profession cannot but rejoice that it was better prepared for war service than any other profession in the country, including the military and naval profession. It was prepared to apply every medical and surgical invention of the last fifty years at once for the benefit of the Army and Navy. It did apply inoculation for typhoid, and conducted a successful resistance to typhus. It was already preventing yellow fever, and curing and preventing hookworm disease and malaria. It promptly demonstrated that surgery was something more than cutting off and cutting out—it could rectify and repair. It could make immediate application in war of the recently discovered improvements in orthopedic and dental surgery. The first aid which America was able to give to the European combatants was medical aid. This country is not ready yet to give effective military or naval aid; but we were ready to send in the first year of the war doctors, surgeons, nurses and orderlies by the thousand, thoroughly prepared to render efficient service at the great hospitals at the front or in the rear. In war as in peace, the medical profession has shown itself to be thoroughly altruistic, beneficent and self-sacrificing."

Lord George said:

"When you come to the Medical Service,—the men and the women,—they have never shown greater courage, knowledge and experience. Thousands of them have devoted themselves—devotion is the word—to the curing of the wounded and the healing of the sick. We owe our thanks to the medical profession. They have suffered; hundreds have been killed and many more hundreds wounded."

The High Mission of the Physician.

"Tis no idle challenge which we physicians throw out to the world when we claim that our mission is of the highest and of the noblest kind, not alone in curing disease but in educating the people in the laws of health, and in preventing the spread of plague and pestilences; nor can it be gainsaid that of late years our record as a body has been more encouraging in its practical results than those of the other learned professions.—Osler.

A Smiling Countenance.—It is the mark of a skilled practitioner to sit a while by the bedside, with a blithe countenance.—Celsus.

A talent unused, is a talent lost. Success does not depend on the number of talents that you possess, but on the use you make of what you have. What you have and can do—that is your call to service.—Bancroft.

The beauty or ugliness of a character lies not only in its achievements but in its aims and impulses; its true history lies not among things done but among things willed. Thomas Hardy.

Special War Items.

Promotions in Medical Reserve Corps.

Captains recommended for promotion as

Majors:

Jesse D. Lippincott, Newark.

Martin J. Synnott, Montclair.

Lieutenant recommended for promotion as

Majors:

James S. Green, Elizabeth.

Lieutenants recommended for promotion as

Captains:

Lancelot Ely, Somerville.

Orville R. Hagen, Paterson.

Abram Karl Reeves, East Orange.

Orders to Officers of the Medical Reserve Corps.

(Members of the Medical Society of New Jersey.)

Lieut. Sydney Chayes, Bayonne to Army Medical School for instruction.

Capt. W. Leslie Cornwell, Bridgeton, to Cincinnati, Ohio, for instruction in orthopedic surgery.

Capt. Lucius F. Donohue, Bayonne, to Laurel, Md., for duty.

Lieut. William L. Bullock, Atlantic City, to his home, honorably discharged on account of physical disability.

Lieut. Edward P. Essertier, Hackensack, to hospital train.

Lieut. Frank L. Field, Far Hills, to Richmond, Va., Aviation General Supply Depot for duty.

Lieut. Leo E. Froomes, Elizabeth, to Camp Gordon, Atlanta, Ga., base hospital.

Lieut. George Ginsberg, Hoboken, to Garden City, L. I., Aviation Section Signal Corps for duty.

Lieut. Edward Guion, Atlantic City, to Camp Wheeler, Macon, Ga., base hospital.

Capt. Leonard F. Hatch, Vineland, to Newport News, Va., for temporary duty.

Lieut. B. W. Hoagland, Woodbridge, to Camp Joseph E. Johnston, Jacksonville, Fla., base hospital.

Lieut. H. L. Harley, Pleasantville, to Rockefeller Institute for instruction in laboratory work.

Lieut. Thomas W. Harvey Jr., Orange, to Camp Logan, Houston, Texas, as orthopedic surgeon.

Lieut. Lyman B. Hollingshead, Pemberton, to Boston City Hospital for instruction, thence to base hospital, Camp Dix.

Major George H. Lathrope, Morristown, to Camp Pike, Little Rock, Ark., for duty.

Capt. Charles R. Mitchell, Paterson, to Boston, Mass., General Hospital, for instruction in urology and dermatology.

Lieut. Walter B. Mount, Montclair, to base hospital, Camp Merritt, N. J., for duty.

Capt. Williams A. Norval, Paterson, to Belleville Hospital, New York, for instruction, thence to Camp Lee, Petersburg, Pa., base hospital.

Lieut. Bernard A. O'Connor, Harrison, to Camp Upton, L. I., base hospital.

Lieut. Thomas L. Pellett, Hamburg, to his home and the inactive list.

Lieut. Benjamin J. Silverstein, Newark, to Fort Oglethorpe for instruction.

Lieut. James M. Torrence, Phillipsburg, to Garden City, L. I., for duty.

Lieut. Walter B. Tymeson, Orange, to Army Medical School, for instruction.

Capt. Harry Vaughan, Morristown, to Fort Porter, N. Y., for temporary duty.

Lieut. Henry P. Webb, Elmer, to Garden City, L. I., for duty.

Lieut. John F. Weber, South Amboy, to Garden City, L. I., Aviation Section, Signal Corps.

Personnel of the Medical Department.

For the week ending March 23, the personnel of the Medical Department of the Army included:

Medical Corps: 799, including 1 major-general, 66 colonels, 102 lieutenant-colonels, 177 majors, 2 captains and 451 lieutenants.

Medical Reserve Corps: 18,138, including 1,090 majors, 4,229 captains and 12,819 lieutenants. On active duty: 14,911, including 983 majors, 3,685 captains and 10,243 lieutenants.

Medical Corps, National Guard: 1,236, including 12 lieutenant-colonels, 257 majors, 151 captains and 816 lieutenants.

Medical Corps, National Army: 81, including 3 brigadier-generals, 12 colonels, 59 lieutenant-colonels and 7 majors.

The discharges in all the above branches of the service to date are:

Causes: Physical disability, 496; inaptitude, 190; to other branches of service, 395; domestic troubles, 30; needed by the community, 36; deaths, 45; dismissals, 2; resignations, 173; total, 1,367.

Amendments Affecting Medical Officers.

Amendments have been proposed in the Senate to the National Defense Act to the effect that members of the Medical Reserve Corps or contract surgeons on active duty for twelve years subsequent to 1898 shall be eligible to appointment as first lieutenant in the Medical Corps, subject to examination, and any officer who fails to pass the physical examination by reason of disability incurred in the service shall be retired with pay and allowance of first lieutenant of the Medical Corps.

Higher Ranks for the M. R. C.

Surgeon-General Gorgas urged the creation of higher ranks in the army medical corps before the Senate Military Committee last month. He advocated the bill presented by Senator Owen of Oklahoma to provide for thirty-five major generals and the same number of brigadier generals in the reserve corps, and other grades in proportion.

General Gorgas said the army now has enough officers of lower rank for an army of 2,000,000 men. There are nearly 20,000 officers in the regular and reserve services, he said, ninety-five per cent. of them reserve officers, of which 6,000 have not been called into service.

Discharged from Medical Reserve Corps.

The statement recently made that more than 1,000 officers of the Medical Reserve Corps have been discharged from army service up to March 1st and that about fifty per week has been the average since, comes as a great surprise to the medical profession. It is stated that 411 members of the corps were discharged for physical disability, 154 for in-

aptitude for the service, 306 to join other branches of the service, fifty-nine for domestic difficulties, thirty-two because they were needed by communities, hospitals, schools, etc., and eighty-eight had resigned. During the same period 4,000 applications had been rejected and 21,740 had been accepted and recommended for commission in the Medical Reserve Corps.

On February 23d there were on active duty 768 officers of the regular army Medical Corps, 1,207 officers of the Medical Corps of the National Guard, thirty-two officers of the Medical Corps of the National Army, and 13,687 officers of the Medical Reserve Corps, making a total of 15,694. At the outbreak of the war 490 regular officers and 297 reserve officers were on duty.

(In adding such a large number in such a brief time it was inevitable that many who had been recommended for commission would, on more thorough examination, be dismissed, but the discharge of such a large number is indeed surprising.—Editor).

Speed Up Surgical Dressings to Meet Urgency Now in France.

The National Surgical Dressings Committee, national auxiliary to the American Red Cross, through its various branches and their working units, are speeding up work of all kinds for immediate shipment abroad to meet the urgent needs of the men wounded in the present battles.

Course in Neurologic Surgery.

A third course in Neurologic Surgery for medical reserve officers is being given in the Philadelphia hospital, under the direction of the Surgeon-General's Office. It covers ten weeks with 31 hours of work a week and includes demonstrations, lectures, clinics and quizzes. Operative clinics are held eight hours a week in the hospitals and special lectures are given by prominent surgeons. Major A. F. McBride and Capt. Thomas A. Clay of Paterson are among the student officers.

Gift to Hospital Ships.—The National Society of the Colonial Dames of America has raised \$50,000 for the purpose of equipping the operating rooms of the two hospital ships, *Comfort* and *Mercy*, now being fitted out for the use of the Navy. The gift not only provides the ordinary equipment, but is supplying moving picture reels, phonograph records, and other articles for the entertainment of the men.

New Jersey Vast Army Hospital Base.

The conversion of New Jersey into what practically constitutes a vast military base for the American army is reflected in the plans that the medical department of the War Department has made for the utilization of different places in the State for hospital purposes.

The following are among the present and prospective plans: St. Mary's and St. Francis' Hospital, Jersey City, 500 and 150 beds respectively; North Hudson Hospital, 15 beds; Hudson County Hospital, 250 beds; Camp Merritt, 500 beds, being increased to 2,000 and plans for 3,000; Camp Dix, 1,000 and plans for 1,960; three large general hospitals part of group

of sixteen, the three with total capacity of 3,400 beds at Colonia, Lakewood and Cape May.

A total of 81,269 hospital beds for American soldiers is the plan of the surgeon-general's office. At present the government has 41,720 beds available for sick soldiers in the United States.

American Doctor Receives War Cross.

Lieut. H. H. Davies of the American Medical Reserve Corps, who is attached to the British army, has received the British Distinguished Service Cross, it was learned here recently. He was honored for entering a British dugout on January 8, under terrific shell fire and remaining after the dugout had been blown in, directing and attending to the wounds of the occupants. He also saved the life of a British soldier by performing a major operation.

Major MacDonald to Head Army Medical Board in New Jersey.

Major Joseph MacDonald Jr. of East Orange has been assigned by Surgeon-General Gorgas as president of the Army Medical Examining Board for New Jersey. Major MacDonald succeeds Major David A. Kraker of this city, who has been assigned to Camp Greenleaf, Georgia, for instruction in administrative work. Prior to this assignment, Dr. MacDonald was adjutant of the board, the duties of which involve the examination and selection of Jersey physicians and surgeons for assignment to the Medical Officers' Reserve Corps. He had served in that capacity since last March. The board's headquarters will remain at 86 Park place, Newark.

(Our congratulations and best wishes to Majors MacDonald and Kraker.—Editor).

Major J. F. Wolfs, Sanitary Inspector.

Major Jean F. Wolfs, Newark, for eight years a medical officer with the First New Jersey Infantry, on March 6th became sanitary inspector of the Blue and Gray Division, succeeding Major J. Harry Ullrich of Baltimore, who was promoted to a lieutenant colonelcy and given command of the sanitary train.

In September Major Wolfs was made senior surgeon with the 113th Infantry when that regiment was formed, and has served in that detail since. He joined the First New Jersey as a captain in 1910. He was with the regiment at the border two years ago.

With Major Wolfs going to his new post, Captain Samuel A. Cosgrove is for the time being senior medical officer of the 113th. Captain Cosgrove is from Jersey City.

50 Women Doctors to Go Abroad.

Dr. Rosalie Slaughter Morton, chairman of the war service committee of the Medical Women's National Association, announced recently that more than fifty women physicians and surgeons were to sail for France soon under the auspices of the American Women's Hospitals. It is the intention to establish in France hospitals and clinics in which surgeons, dentists, bacteriologists, nurses and aids all will be women. More than 2,000 women, or more than half the women doctors in the country, it was said, had joined the organization.

Dr. Eva Charlotte Reid of San Francisco,

will sail in a few days with other physicians who are to take their posts in French villages that have been without a medical practitioner for at least two years.

Dr. Franklin Martin, chairman of the General Medical Board of the Council of National Defense, says: "We are simply filled with admiration for the way medical women are volunteering. I speak for Surgeon-General Gorgas of the army and Surgeon-General Braisted of the navy as well as myself."

Women are included in the volunteer medical reserve corps. Up to February 1st, 1,796 women doctors registered for war service, or one-third of the practicing women doctors in our country. Fifty-three American women doctors have already gone abroad for work among civilian refugees, besides several who have been engaged in the hospitals. The American Women's Hospital inaugurated a campaign March 26 to raise a fund to establish hospitals and clinics in the allied countries to be conducted entirely by American women physicians and surgeons.

Call for Medical Students.

The deans of the leading hospitals of England have summoned meetings of medical students to put before them the request from the authorities of an additional 400 students every six months for service with the army and navy. Those required are "fourth-year men," who are to act as surgeon probationers. The students, many of them who wish to serve, point out, however, that the interruption of their studies would throw them back greatly—a consideration when parents are struggling professional men—but it is hinted that should the necessary quota not be forthcoming, the authorities will conscript the men who hold back.

Reorganization of Medical Department of the Army.

At the meeting of the New York Academy of Medicine, held on February 7, Dr. Louis Livingston Seaman called attention to the fact that the Owen bill, providing for a reorganization of the Medical Department of the Army, which would confer upon the officers of the Medical Corps the same authority as was possessed by other military officers of equal rank, was one that should receive the attention of the Academy of Medicine and of the entire medical profession. He stated that the Medical Department of the Army had to combat a foe that in all the great wars of history, except the Russo-Japanese War, had caused 80 per cent. of the mortality, and had never had authority to reduce this frightful mortality to a minimum. The passage of the Owen bill would give this authority without in any way interfering with the military operations.

Plans for Rehabilitation of Disabled.—Comprehensive plans for the vocational training of disabled soldiers and sailors as well as of civilians employed by private firms, have been outlined in a report from the Federal Board for Vocational Training recently submitted and an appropriation of \$10,000,000 has been asked. It is calculated that 100,000 men will be disabled during the first year of the war of which 20,000 will require total or partial re-

education. The Canadian estimate shows that 10 per cent. of the men sent overseas return physically unfit for military duty.

Fight on Tuberculosis in the Army.—The National Association for the Study and Prevention of Tuberculosis estimates that from 1 to 3 per cent. of the men being examined in the different training camps of the new army are being dismissed on account of tuberculosis. At the lowest estimate this would mean 10,000 tuberculous men in the first 10,000,000 classified for service. In order to obtain a wider support by prominent physicians and public-spirited laymen in its effort to check the spread of this and other diseases in the army, the National Association began a thirty-day campaign on February 4 for 5,000 new members. The present membership is 2,500. The appeal for membership is to doctors and philanthropists and not to the general public.

Dedication of Auditorium at Fort Oglethorpe.

On March 11, special exercises were held at Fort Oglethorpe in connection with the opening of the Warden McLean Medical Auditorium, constructed at Camp Greenleaf in Chickamauga Park, the Medical Officers' Training Camp. For some time the training camp of medical officers has been centralized at this training camp so that now there are over 3,000 medical officers in training at Camp Greenleaf. The special auditorium was built for lecture purposes, and divisions of special training in various subjects are being established at the camp. It is likely that with the continuation of a centralization at Camp Greenleaf the school at Fort Riley will be discontinued as were those at Fort Benjamin Harrison and Camp Dodge Iowa.

The exercises at Camp Greenleaf were in charge of an auditorium committee consisting of Lieut.-Col. Roger Brooke, M. C.; Majors Mahlon Ashford, M. C.; H. L. K. Shaw, M. R. C.; N. M. Owensby, M. R. C. The following was the program: 10 A. M., Presentation of Auditorium at the camp; 2 P. M., review at Fort Oglethorpe; 5 to 7 P. M., buffet supper at Hostess' House; 7:30 P. M., entertainment at Big "Y," Ringgold and Lafayette roads.

This occasion was made notable not only because of the presence of the Surgeon-General of the Army and members of his staff, as well as many distinguished medical men from military and civil life, but also because of the regular meeting there March 10th of the General Medical Board of the Council of National Defense, usually held in Washington. About 1,000 doctors, who as Medical Reserve officers are taking the three months' course, accepted the invitation to attend, extended by Dr. Franklin Martin, member of the Advisory Commission of the Council and chairman of the Board. The following members of the General Medical Board attended: Dr. Franklin Martin, chairman; Dr. William F. Snow, secretary; Surgeon General William C. Gorgas, Dr. Victor C. Vaughan, Dr. William H. Welch, Dr. John Young Brown, Dr. John G. Clark, Dr. Thomas S. Cullen, Dr. Edward P. Davis, Dr. William D. Haggard, Dr. Jabez Jackson, Dr. Edward Martin, Dr. Charles H. Mayo, Dr. Stuart McGuire, Dr. John D. McLean, and Dr. Hubert A. Royster. The cost of the auditorium was,

borne by Mrs. William McLean, who erected it in memory of her son, Warden McLean, who was accidentally killed while in the Officers' Training Camp at Fort Oglethorpe. Dr. John G. Clark of Philadelphia made the formal address of presentation.

(The Editor returned his thanks to Major Harold D. Corbusier, M. R. C., for an invitation to attend the above dedicatory exercises and exceedingly regretted his inability to do so).

A Study of Trench Fever has been undertaken by American surgeons in France. Sixty enlisted men of the Sanitary Corps, U. S. A., have volunteered for the experiments; some have received injections of blood taken from men suffering from trench fever, and others are serving as hosts to body lice taken from men with the disease. With the approval of General Pershing a call for volunteers was made and virtually every member of the 101st, 102d, and 104th Field Hospitals and the 101st, 103d and 104th Ambulance companies offered to submit to the experiment.

The Diagnosis of Nervous and Mental Diseases in Enlisted Men.

Report of Mental Hygiene War Committee.

One of the most far-reaching of the original medical measures that are now being carried out to insure a minimum of unfit men being accepted for the armies of the United States are those devised for the purpose of checking up on the nervous and mental conditions of recruits. Amer. Jour. of Public Health (Oct., 1917). The committee states that this is the first attempt ever made in organizing an army to take into consideration the "neuropsychiatric qualifications of the men." The report has been accepted and officially incorporated into the instructions of the Surgeon-General to medical officers charged with examinations of recruits in general and especially to consulting neurologists and alienists assigned to military camps. The following are the instructions of exclusion on neuropsychiatric grounds:

I. Nervous Disease.

(a) On the Basis of Disease:

1. **Tabs.** (Look for Argyll-Robertson pupils, absent knee and ankle jerks, ataxia of station and gait).

2. **Multiple sclerosis.** (Look for absent abdominal reflexes, nystagmus, intention tremor).

3. **Progressive muscular atrophy and syringomyelia.** (Look for fibrillary tremors, atrophy in the small muscles of the hand and of the muscles of the shoulder girdle; scars on forearm and fingers caused by burning; deformities of feet).

4. **Epilepsy.** (Look for deep scars on tongue, face and head; voice. Where diagnosis depends only upon history of epileptic attacks given by the patients, the latter should be asked to give the address of the physician who has treated him. The history must then be verified by a letter from the physician).

5. **Hyperthyroidism.** (Look for persistent tachycardia, exophthalmos, tremor, enlarged thyroid).

(b) On the Basis of Symptoms or Combination of Symptoms or History

1. **Unequal pupils+irregular pupils+Argyll-Robertson pupils.**

2. **Nystagmus** (in one not an albino)+absent abdominal reflexes+intention tremor.

3. **Absent knee jerks** associated with some one other organic neurologic symptom.

4. **Exaggerated tendon jerks+Babinski.**

5. **Disorders of station or gait.**

6. **Disorders of speech** (on test phrases) +facial tremor+one other organic neurologic symptom. Stammering and stuttering per se is not significant of an organic neurologic condition, prevarication, suspicion; auditory or visual hallucination, paranoid ideas.

II. Mental Deficiency.

Look for defect in general information with reference to native environment, ability to learn, to reason, to calculate, to plan, to construct, to compare weights, sizes, etc.; defect in judgment, foresight, language, output of effort, suggestibility, stigmata of degeneration, muscular inco-ordination. (Consult psychometric findings).

III. Drug Addiction.

Look for pallor, dryness of skin; flippancy, mild exhilaration (if under the influence); cowardly, cringing attitude, restlessness, anxiety (if without the drug); distortion of the alae nasi; contracted pupils (morphine), or dilated pupils (cocaine); dirty deposit at junction of gums and teeth; bluish and whitish needle scars on thighs and arms.

Council of National Defense, Washington.

For the purpose of completing the mobilization of the entire medical and surgical resources of the country, the Council of National Defense has authorized and directed the organization of a "Volunteer Medical Corps," which is aimed to enlist in the general war-winning program all reputable physicians and surgeons who are not eligible to membership in the Medical Officers' Reserve Corps.

It has been recognized always that the medical profession is made up of men whose patriotism is unquestioned and who are eager to serve their country in every way. Slight physical infirmities or the fact that one is beyond the age limit—fifty-five years—or the fact that one is needed for essential public or institutional service, while precluding active work in camp or field or hospital in the war zone, should not prevent these patriotic physicians from close relation with governmental needs at this time.

It was in Philadelphia that the idea of such an organization was first put forward, Dr. W. D. Robinson having initiated the movement resulting in the formation last summer of the Senior Military Medical Association, with Dr. W. W. Keen as president, a society which now has 271 members.

Through the Committee on States Activities of the General Medical Board the matter of forming such a nation-wide organization was taken up last October in Chicago, at a meeting attended by delegates from forty-six States and the District of Columbia. This committee, of which Dr. Edward Martin and Dr. J. D. McLean—both Philadelphians—are respectively chairman and secretary, unanimously endorsed the project. A smaller committee, with Dr. E. P. Davis of Philadelphia as chairman, was appointed to draft conditions of membership, the General Medical Board unanimously en-

dorsed the committee's report, the Executive Committee—including Surgeons General Gorgas of the Army, Braisted of the Navy, and Blue of the Public Health Service—heartily approved and passed it to the Council of National Defense for final action, and the machinery of the new body has been started by the sending of a letter to the State and county committees urging interest and the enrollment of eligible physicians.

It is intended that this new corps shall be an instrument able directly to meet such civil and military needs as are not already provided for. The General Medical Board holds it as axiomatic that the health of the people at home must be maintained as efficiently as in times of peace. The medical service in hospitals, medical colleges and laboratories must be up to standard; the demands incident to examination of drafted soldiers, including the reclamation of men rejected because of comparatively slight physical defects, the need of conserving the health of the families and dependents of enlisted men and the preservation of sanitary conditions—all these needs must be fully met in time of war as in time of peace. They must be met in spite of the great and unusual depletion of medical talent due to the demands of field and hospital service.

In fact, and in view of the prospective losses in men with which every community is confronted, the General Medical Board believes that the needs at home should be even better met now than ever. The carrying of this double burden will fall heavily upon the physicians, but the medical fraternity is confident that it will acquit itself fully in this regard, its members accepting the tremendous responsibility in the highest spirit of patriotism. It will mean, doubtless, that much service must be gratuitous, but the medical men can be relied upon to do their share of giving freely, and it is certain that inability to pay a fee will never deny needy persons the attention required.

It is proposed that the services rendered by the Volunteer Medical Service shall be in response to a request from the Surgeon-General of the Army, the Surgeon-General of the Navy, the Surgeon-General of the Public Health Service, or other duly authorized departments or associations, the general administration of the corps to be vested in a Central Governing Board, which is to be a committee of the General Medical Board of the Council of National Defense. The State Committee of the Medical Section of the Council of National Defense constitutes the Governing Board of each State.

Meningitis at Camp Dix.

Establishment of a meningitis quarantine at the officers' training camp of the cantonment was announced recently by the division surgeon, Colonel Ekwurzel. The outbreak is not regarded as serious. Two active cases, neither of which has so far developed seriously, and five carrier cases were discovered in the camp. All are in the base hospital. It was explained that the move was a purely precautionary measure. The cantonment had been remarkably free of meningitis lately.

Fresh milk is shipped long distances in Brazil in perfect condition in sealed cans with insulated walls, blocks of frozen milk being placed in it to keep its temperature down.

Therapeutic Notes.

Bronchitis: Subacute Stage.

Dr. Stevens recommends the following in the subacute stage of this condition:

Terebini

Olei santali, aa f5ss

Strychninae sulphatis, gr. $\frac{1}{4}$.

Codeinae sulphatis, gr. ij-ijj.

Div. in capsulas No. xij.

M. Sig.—One every four hours.—Manual of the Practice of Medicine.

Cystitis; Acute and Chronic.

In acute cases with frequent micturition,

Dr. Thornton recommends:

Tinct. aconiti, 5ij.

Tinct. belladonnae fol., 5i.

Tinct. opii camphoratae, 3ij.

Spiritus aetheris nitrosi, 3j.

Syrupi, 5iv.

Aquae, q.s., ad. 3vi.

M. Sig.—Two teaspoonfuls in water every two hours.

In chronic cystitis with acid urine, he recommends the following:

Liq. potassii hydrox, 5ij.

Fluidextracti uvae ursi, 5iv.

Tinct. hyoscyami, 5iv.

Tinct. lupulini, 5iv.

Tinct. opii camph, 5i.

Syrupi zingiberis, q.s. ad. 3viij.

M. Sig.—Tablespoonful in water after meals and at bedtime.

Dr. I. S. Stone, in the January issue of American Medicine, says that he regards the administration of drugs by mouth as useless in chronic cystitis. If the urine is of high specific gravity it should be diluted by the free administration of water. The principle underlying the treatment of cystitis is to treat it as a local disease. At each treatment the bladder should be filled with hot normal saline solution or two per cent. boric acid solution. Two ounces of a one or two per cent. solution of protargol may be left in the bladder. Trigonitis requires special local applications such as five or ten per cent. silver nitrate solution. These should be applied through the cystoscope if possible.

Gout.

Magnesiae, 5ij.

Magnesi sulphatis, 3j.

Vini colchici cormi, 3i.

Aquae menthae piperitis, q.s. ad. 3xii.

M. Sig.—A tablespoonful every hour for four or five doses or until the bowels are freely opened.—Scudamore.

Headache.

In headache due to so-called rheumatic condition, Dr. Steven offers this formula:

Phenacetini.

Salophen, aa 3iss.

Ft. chartulae No. xij.

M. Sig.—One every two or three hours.—Manual of the Practice of Medicine.

Herpes Zoster—Zinc Phosphide in.—Herpes zoster is not truly a skin disease, but the cutaneous manifestation of degenerative process

at the nerve centers corresponding to the area of a nerve distribution, at which we find the eruption of vesicles—and the neuralgic pain and tenderness. Acting on this hypothesis, in 1891, I began the search for something that would so modify the nutrition of the affected centers as to accomplish a cure of them, and consequently of the zoster. I selected the phosphide of zinc for trial; the patient recovered in two or three days, and every case that has come to me since has likewise recovered promptly on the same remedy. Naturally I do not look on it as one of the remedies for zoster, but as the remedy.—William F. Waugh.

Menorrhagia.

Fluidext. ipecac.

Fluidext. digitalis, aa ʒij.

Fluidext. ergotae, q.s. ad. ʒj.

M. Sig.—Thirty drops every two hours until relief is obtained or extreme nausea occurs.—Bartholow.

Nasopharyngitis.—After the mucus is removed from the nasopharynx this region should be swabbed out with a cotton applicator (a metal probe curved as above described should be used) saturated with:

Iodi, gr. xii.

Potass. iodidi, gr. xxiv.

Glycerini, ʒi.

This application should be repeated twice a week. After a month or less a mild silver preparation (argyrol, protargol or weak silver nitrate) may be substituted for the iodine mixture. The cotton swab should never be dripping when applied.—Critic & Guide

Pneumonia.—Dr. Beverley Robinson of New York, in the Boston Med. and Surg. Jour., says:

A patient stricken with pneumonia, or with a preceding bronchial or grippal attack which leads up to it, has the best chance to get well whenever he is isolated in his room from the beginning, whether it be at home or in a hospital, and a certain very simple treatment is mainly insisted upon, apart from what is in addition, eminently intelligent, and applies in all cases. The latter, to which I refer, are proper ventilation of the room, liquid assimilable nourishment, no injudicious interference for purpose of finding out just how far the disease has progressed, and promotion of quiet and peace of mind. Inhalations of compound tincture of benzoin, with a proportion of beechwood creosote, should be started from the beginning of the disease and kept constantly going. A little of the best old brandy, or whiskey and black coffee from time to time and a hypodermic tablet of tincture of strophanthus, each containing one minim, placed under the tongue every two hours, is practically almost everything in the way of medication that is desirable and really useful. If required, a little "cascara evacuant" for the bowels is the most suitable preparation to employ.

In looking back over a lifetime of caring for pneumonia patients, I have lost very few relatively, when I have been called in at the beginning of the attack and had practically the entire charge of the patient. I do not believe digitalis is of service, nor, indeed,

strychnine. I do believe, in some instances, judicious and timely venesection will help save life. Hospital statistics have little weight with me on account of circumstances to which I have very briefly referred.

Experimental work is always problematical for quite a while and, by itself, should not be relied upon.

I cannot but hope every general practitioner will take heart from what I have written and firmly believe and simply do as I urge. Then, and then only, will the great and increasing death rate of pneumonia become notably diminished.

Lobar Pneumonia.—Dr. Rabinowitsch, in a communication in the Medical Record, in discussing the use of expectorants in treatment, says skill is needed in the selection of drugs, according to existing conditions, and concludes as follows:

When we consider, for instance, that in the second stage (red hepatization) the affected part of the lung is consolidated, firm, and solid, it is clear on inspection there will be a marked deficiency of respiratory movement, on percussion dullness, and on auscultation bronchial breathing. In this most important and decisive stage, it is clear that a powerful solvent is imperative. The "mistura solvens" (Ammon. chlor., Succ. liquirit, aa 0.3; Aq. dest., ad 15.0 every 2 hours) has rendered me excellent services. Camphor internally, at the same time, gives very good results. I prescribe it in combination with benzoic acid and powdered digitalis, and I am always told that 10 to 15 minutes after the patient took the medicine he expectorated a "lot of big thick pieces" of sputum, after which he felt more comfortable and the breathing was more quiet—a condition not to be underestimated, as it is more liable to prevent "gray hepatization" and the formation of abscesses, and will sooner terminate in "resolution" and absorption. In this stage (resolution and absorption), it is clear an absorbent and an expectorant will be of great value. I give potassium iodide in combination with anisated solution of ammonia, and have always been satisfied with the results. Strychnine should be given through the whole second stage and part of the third stage. Some advise giving creosote as an antiseptic, but I prefer guaiacol carbonate in combination with strychnine. Alcohol is also very useful, especially in those accustomed to its use in excess. In congestion and delirium due to alcoholism or in affection of the upper lobes venesection has proved to me life saving, relieving the right ventricle.

In outlining here clearly the scientific treatment of lobar pneumonia, based wholly on the pathological conditions, which I have been using and with which I have been comparatively successful (I have omitted serum treatment, not having experience of my own).

Nephritis.—Treatment of Dr. Richard C. Cabot, in the Long Island Medical Journal, says that he regards the presence of nausea in cases of acute nephritis as Nature's attempt to get rid of poisons and prevent extra burdens being thrown on the kidneys through food. Therefore in the presence of nausea no attempt is made to give the patient any food whatever,

although water is given by rectum in the form of normal salt solution, of which eight ounces are given every four hours by the drop method. If much edema is present in acute nephritis purgation by magnesium sulphate and hot air baths are given, but these measures are never prescribed in the absence of edema as they may then be dangerous or even fatal. The hot air bath is, next to bleeding, the best method of reducing an elevated blood pressure. When these patients cease to be nauseated the diet is ordered excluding proteins, especially meats, and salt. The diet at this stage is made up mainly of milk. Later carbohydrates are added, along with fats, but the proteins are still kept very low. In cases of chronic nephritis it is useless to try to spare the kidneys and much harm may be done by attempting to do so, since a low diet leads to exhaustion if kept up for any considerable time. The diet should be full with the great reduction of the purin containing food. Meat may be allowed once daily in a small amount, and there is no choice between the red and white meats. Meat soups should not be allowed and salt should be excluded, except as it must be used in the course of cooking. An arid climate is helpful, but not if the patient is made unhappy by having to leave his home. The various medicated waters so widely advocated for use in nephritis are utterly useless. The heart must be aided by prescribing moderate daily exercise. Drugs to reduce blood pressure when high, as well as the high frequency current, are both useless and irrational. None of them is capable of lowering the pressure for more than a few minutes and it is fortunate for the patient that such is the case.

Nephritis.—Prof. Martin H. Fischer in the Penn. Med. Jour., has formulated the following rule: Avoid, remove, and combat every condition that favors the abnormal production or accumulation of acids and substances acting like acids in the kidney. In threatened or established cases of nephritis give alkali, salts, and water. The alkali is given to neutralize the acid present in abnormal amount in the kidney, the salts are indicated because the various changes induced in the kidney colloids by acids are counteracted by adding to such acid any salt, even a neutral salt, and the water is given in order to have more of it present than is necessary to saturate all the body colloids, as otherwise there is no free water left for the secretion of urine. An active administration of sugar either by rectum or intravenously is advantageous. The reasons for this are that carbohydrate starvation is a very common cause of acidosis and that sugar is very efficient in reducing hydration.

Dysenteric Rheumatism.—Dr. Dorendorf has seen 59 cases of this affection which he also speaks of as a "rheumatoid." It is essentially a phenomenon of convalescence and is more prone to attack the rheumatic than the hitherto normal subject. A bacterial cause or infectious nature has not yet been shown to exist. The affection does not yield to anti-rheumatics or to specific antisera. It is very obstinate toward treatment but will end in recovery with time.—Correspondenz-Blatt für Schweizer Aerzte.

Hospitals, Sanatorium.

Hackensack Hospital.

At a recent meeting of the Hospital Association Drs. F. S. Hallett and A. A. Swayze were appointed members of the executive committee.

The Hackensack Hospital has received a bequest of \$3,000, under the will of Thomas M. Brewster of Ridgefield Park.

Millville Hospital.

This hospital last month received its first bequest when a check for \$500 came from the estate of Mrs. Isabelle P. Damm.

Monmouth Memorial Hospital, Long Branch.

The Monmouth Memorial Hospital Training School recently issued a call for a waiting list of thirty student nurses. The training school will graduate the largest class in its history in May. The school has graduated 133 nurses since it was organized in 1898.

Morristown Memorial Hospital.

The twenty-fourth annual report of this hospital was recently issued. The superintendent reported that during the year 1917 there were 1,374 patients treated in the ward beds and private rooms, and that 1,475 were cared for in the out-patient department; 2,010 plates were taken of 608 persons in the Roentgen-ray department.

The cost for a ward patient is almost twice what is charged, \$1.50 a day, and for private room patients the expense each day for some rooms is more than the amount charged. Expenses for 1917 were increased by the general advance in price of all supplies.

The growth of the hospital is shown in the following figures of patients treated in all departments: 1913, 1,513; 1914, 1,716; 1915, 2,610; 1916, 3,182; 1917, 3,457.

The report contains a war roll of honor containing the names of eight physicians, four nurses and three other employees of the hospital who are now in the service. Three of the nurses are in France with Red Cross units.

The hospital was incorporated November 19, 1892. The directing and working organization included a board of male directors, a woman's association and young woman's guild, all of which continue. In September, 1897, a medical staff was appointed with the late Phanet C. Barker as physician and surgeon in chief. Of that staff Dr. Gutav A. Becker and Dr. Alfred A. Lewis are still connected with the hospital.

Mountainside Hospital Cardiac Laboratory.

Dr. Henry Wallace, director of the hospital, announces that the cardiac laboratory of the Mountainside Hospital is in operation—the Williams-Hindle Electrocardiograph being used. We believe this the only instrument of the kind in the State and that it will prove of great service to the profession for the laboratory study of heart disease. Dr. Wallace says: "It has been in service about two months and has already helped us greatly in our hospital cases and several physician have taken

advantage of it to the more exact understanding of this class of cases."

New Jersey State Hospital, Morris Plains.

The forty-second annual report of the Morris Plains State Hospital for the year ending October 31, 1917, has recently been issued. There has been no relief from the serious overcrowding, the records showing at the close of the year 2,685 patients when the normal capacity is about 1,650. The managers mention the fact that the Medical Director completed twenty years of continuous service and they presented him with a loving cup.

During the year 566 patients were admitted. Over 57 per cent. were alleged to be suffering from their first attack. Fifty per cent. were married, 192 single and 81 widowed, 75 of the men were laborers. Over 82 per cent. of the women were engaged in household duties. Sixty-per cent. were diagnosed as suffering from incurable forms of psychoses. Thirty-four per cent. were diagnosed as dementia praecox; over 9 per cent. dementia parietic—due to syphilitic infection. Two hundred and eighty-five were chargeable to the State and County jointly; 180 to the State exclusively and 101 were supported either from their own estate or by relatives. The principle alleged causes given for the psychoses were: Intemperance, 46; syphilis, 33; heredity, 27; worry, 20; senility, 19 child-birth, 17, and climacteric, 11. The physical conditions most often associates with the mental disease of those admitted were syphilis in 65; arterio-sclerosis in 62; nephritis in 39 and endocarditis in 36.

Ninety-two patients were discharged—41 men and 51 women as having recovered, a percentage of 16.2 of number admitted. One hundred and thirty-six were discharged as improved, 104 as unimproved, of which 81 were transferred to the State institutions at Skillman and Trenton. The report emphasizes the fact that institutional care early in the course of mental disease is a distinct benefit. The largest number of recoveries were of those suffering from manic depressive psychoses, of which 31 were of the manic, 22 of the depressed and 2 of the mixed phase. Of other recoveries 21 were intoxication psychoses, 11 dementia praecox and 2 involuntal melancholia. There were 237 deaths, 60 per cent. over 50 years of age. Of the so-called physical causes of death, 13 were tubercular; cardiac conditions, 53; nephritis, 30; cerebral hemorrhage, 19.

Ten nurses graduated from the Training School.

Bonnie Burn Sanatorium.

Dr. J. S. Runnells, superintendent, reports that on February 1st there were present in the sanatorium 173 patients—104 males, 69 females. During the month eighteen patients were received—17 men and 11 women; classified as to stage of disease as follows: Moderately advanced, 4 cases; far advanced, 14 cases. The largest number of patients present during the month was 176, the smallest number was 171.

A new heating system for the sanatorium is urged in the annual report to avoid conditions similar to those at Overbrook Hospital. The employment of a nurse to do follow-up work among discharged patients is also recommended.

Deaths.

BARBER.—At Newark, N. J., January 15, 1918, Dr. Pliny W. Barber, aged 63. He graduated from the Hospital College of Medicine, Louisville, Ky. He was district physician of the Eighth District.

MEAD.—At Mountainside Hospital, Glen Ridge, March 17, 1918, Dr. Sarah R. Mead of Newark.

Dr. Mead was educated in the Newark schools; on graduating from the high school she entered the Women's Medical College of New York City, from which she graduated in 1883; she was early associated with Dr. Emma Edwards, specializing in nervous diseases, and afterwards maintained offices at the Aldine building and later in Fulton street. She had made a professional call in Bloomfield on the evening of March 16, and was waiting for a trolley car for Newark when she was struck down by an automobile, and was taken to the Mountainside Hospital, where she died the following morning from a fractured skull.

Dr. Mead was known and loved throughout the medical profession. She was an indefatigable worker, lending her services just as cheerfully to "charity patients," of whom she had a large clientele, as to the wealthy people who sought her out as a doctor of recognized ability. What little leisure she allowed herself, Dr. Mead devoted to the cultivation of her garden, and developed the habit of carrying flowers she had grown herself to patients from whom she accepted no fees.

Dr. Mead was an attending physician at the Home and Hospital for Incurables, and gave her services freely also to the Home for the Aged. She was the only woman permanent delegate from Essex County to the New Jersey State Medical Society, and was a member also of the Academy of Medicine of Northern New Jersey and the Contemporary Club. Almost from its inception she was a member of the Roseville Avenue Presbyterian Church.

RICHMAN.—In Newark, N. J., March 2, 1918, Dr. Edward Milton Richman, aged 45 years. Dr. Richman graduated from the University of Pennsylvania Medical Dept. in 1898. He was one of the founders of the Newark Private Hospital; was a member of the Essex County Medical Society and the Medical Society of New Jersey, and a Fellow of the American Medical Association.

RUSSI.—In Jersey City, N. J., March 9, 1918, Dr. Oscar J. Russi, a graduate of the medical department of the University of Pennsylvania in 1901. He was formerly house physician of St. Francis' Hospital, Jersey City.

WARMAN.—At Allenhurst, N. J., February 5, 1918, Dr. David Warman of Trenton, N. J., aged 81 years.

Dr. Warman graduated at Bellevue Hospital Medical College in 1862. He was acting assistant surgeon, U. S. Army, during the Civil War; was one of the founders, managers and vice-president of the Children's Home Society of N. J. and a member of the State Charities' Aid Society. During his many years of active

practice in Trenton he was a member of the Mercer County Medical Society and the Medical Society of New Jersey.

McFADDEN.—At Atlantic City, N. J., suddenly March 11, 1918, Mrs. Martha W. McFadden, wife of Dr. G. Howard McFadden of Hackensack, N. J. The doctor and his wife went to Atlantic City on March 8 to spend a week there.

Personal Notes.

Dr. Harold D. Corbusier, Plainfield, Major M. R. C., is instructor in School of Orthopedics at Camp Greenleaf, Fort Oglethorpe, Ga.

Dr. Samuel C. Haven, Morristown, returned recently from a trip to Florida.

Drs. Earl S. Hallinger and George Walters, Haddon Heights, have been appointed medical school inspectors.

Dr. Fred S. Hallett, Hackensack was recently elected a director of the Hackensack Mutual Building and Loan Association, to serve three years.

Drs. Enoch Hollingshead, Pemberton, and J. Clifford Haines, Vincentown, were appointed last month members of the Board of Managers of the Burlington County Tuberculosis Hospital.

Dr. John B. Morrison, Newark, and wife entertained recently at their home the Central Whist Club of Newark.

Dr. Charles I. Silk, Perth Amboy, has removed his office to 39 Gordon street with practice limited to tuberculosis and radiography.

Dr. C. H. Canning, Atlantic City, who was at first thought to be fatally injured by falling three stories down the elevator shaft at the Galbreath apartments last month and suffered from a fractured skull, is recovering.

Dr. Frederick W. Flagge, Rockaway, who was quite ill last month from grippe, is recovering.

Dr. Henry H. Goddard, Vineland, of the Training School for Backward and Feeble-Minded Children, has been appointed head of the Bureau of Juvenile Research of the State of Ohio.

Dr. John M. Randolph, Rahway, was recently elected court physician of Court Rahway, Forresters of America.

Dr. Daniel Strock, Camden, presided over and addressed a meeting held last month at Audobon in organizing a Red Cross Society.

Dr. Fordyce B. St. John, son of the late Dr. David St. John of Hackensack, Capt. in the M. O. R. Corps, is in hospital service near the French trenches and has been rendering splendid service.

Dr. William S. Colfax, Pompton Lakes, has recently recovered from a severe illness.

Dr. Ephraim Morrison, Newton, was seriously ill at his home last month.

Dr. John B. Morrison, Newark, and wife entertained the Central Whist Club at their home recently.

Dr. Millard F. Sewall, Bridgeton, Captain of 300th Engineers, Camp Gordon, recently enjoyed a brief furlough home.

Dr. Charles B. Smith, Washington, has been elected surgeon of Commandery No. 6, Knights Templar.

Drs. Richard H. Staehle and Richard D. Swain of Newark and W. M. Gober Jr. of West Orange have recently been commissioned lieutenants in the Medical Reserve Corps.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed	Failed
Connecticut, Nov....	2	2	0
Idaho, October.....	16	13	3
Massachusetts, Sept..	42	22	20
Missouri, Sept.....	20	16	4
Missouri, Dec.....	31	23	8
Nebraska, July	59	59	0
Nebraska, Nov.	4	4	0
New Mexico	18	18	0
Pennsylvania, July..	182	175	7
Porto Rico, October.	20	14	6
Rhode Island, Sept..	3	3	0
Rhode Island, Jan..	2	1	1
So. Carolina, June ..	47	28	19

Public Health Items.

The Children of To-day will be the Parents of To-morrow.

Preventable diseases cause a loss of at least \$50,000,000 each year in New Jersey. Shall we prevent the loss by removing the cause?

"It Can't Be Done" has gone out of fashion; these are the days for doing the impossible.

"Thrift is Two-fold."—It is wise spending and intelligent saving. The man who lives to gratify his inordinate appetites or starves that he may save, is not thrifty.

Camden Health Report.

Dr. J. F. Leavitt, Health Officer, reports for February a decided decrease in the number of cases of contagious disease—198 as against 253 for the previous months, scarlet fever showing the only increase, from 7 to 19 cases.

Department of Health, Newark.

The March Bulletin reports 591 deaths in the city in February, the death rate was 16.6 per 1,000 of population; last year it was 17.7. The number of cases of diseases below specified were reported during the month, the numbers reported the same month last year are given in brackets:

Diphtheria, 112 (83); scarlet fever, 36 (67); typhoid fever, 1 (3); tuberculosis, 198 (144); pneumonia, lobar and broncho, 349 (482); measles, 714 (125).

Dr. Levy gives a very interesting table showing the results of supervision by the Division of Child Hygiene, as follows:

Deaths under one year per 1,000 births: In the entire city, 87.8; of mothers and babies supervised by this Division, 61.4. Deaths under one month: entire city, 39.3; under supervision, 13.3. Stillbirths: entire city 38.4; under supervision, 7.56. Puerperal deaths: entire city, 2.45; under supervision, 1.87.

Dr. Gray, Division of Tuberculosis, reports 156 children and 60 adults were treated at the tuberculosis clinics in February.

Smallpox in New York State.—A recent report issued by the New York State Health Department states that within the past few months there have been more than 250 cases of smallpox in various parts of the state, several of them being in the City of New York. In Utica there were forty-seven cases within two months, and seventy-eight cases in Frankfort County.

Safeguarding the Water Supply.—The safeguarding of a water supply from pollution should be supplemented by the supervision and sanitary control of the bodies of water from which an ice crop is to be taken. Under these circumstances, the use of polluted ice will be prevented by the protection of the ice at its source.

Legislation which aims to prohibit the use of natural ice is too general in character and fails to take cognizance of the possibilities of infection and contamination of artificial ice, the use of which becomes imperative when the natural product is unavailable. The method of protecting a community against the danger of polluted ice is more successfully accomplished through sanitary control than by prohibitive legislation.

From the standpoint of national efficiency, there is greater safety in the use of natural ice than in the production of artificial ice and the needless resultant waste of the ammonia necessary for its production.—*American Medicine*.

Cerebrospinal Meningitis Spread by Carriers.

Dr. J. Lewis Amster, Commissioner of Health of New York City, announces that the city's research laboratories have been assisting the Government in determining the number of human meningitis carriers in the various camps. It is announced that a new method of making the examinations has been instituted whereby a large number of specimens may be examined in a short time. Within a few days 123 soldiers were examined by the Health Department Laboratories and 31 carriers found.

Wartime Juvenile Delinquency. — The wartime record of juvenile delinquency abroad shows, according to the Children's Bureau, that the sure penalty for neglecting the home, the school, and the play needs of children is an increasing stream of young delinquents brought to court for offenses that community foresight and care should have prevented.—*Bulletin, Children's Bureau*.

Draft Rejections Show Malnutrition in Childhood.

Washington, Feb. 27.—The number of the rejections for physical defects under the selective draft traced to malnutrition in childhood has convinced the United States Public Health Service that an educational campaign is needed to bring about the proper feeding of children. The service, according to a statement issued by Secretary McAdoo, is considering a national programme of co-operation with State, county and municipal health authorities for the purpose of safeguarding the health of school children. The announcement says that one valuable means of enabling the

rising generation to develop properly is to see that school children are provided at mid-day with warm, properly balanced meals.

Medical Aspects of the Tobacco Habit.

Dr. D. Frazer Harris, Professor of Physiology in Dalhousie University, gives the following conclusions in a paper on the above subject read before the Association of Health Officers of Nova Scotia:

1. The substances in tobacco smoke which are injurious are probably oxidation products of nicotine and other alkaloids.

2. The smoking of tobacco is the more injurious the younger the person, hence young recruits suffer more readily from "tobacco heart" than older men.

3. The chewing of tobacco is much more injurious than the smoking of it, and ought to be discouraged.

4. Since what is injurious in tobacco smoke is absorbed more readily by inhaling than by smoking without inhaling, inhaling ought to be discouraged.

5. There is a marked idiosyncrasy towards tobacco in respect of the substances which raise the blood-pressure, cause irregularity of the heart and give rise to gastric acidity.

6. Those who have this idiosyncrasy ought not to use tobacco at all.

7. Those who do not have this idiosyncrasy may use tobacco in moderation with impunity.

REPRINTS RECEIVED.

Anesthesia, Fundamental Hysterectomy to Reduce the Menstruating Surface. By Gordon K. Dickinson, M. D., Jersey City.

The Importance of the Pre-School Period to the School Child. By Julius Levy, M. D., Newark.

NEW AND NON-OFFICIAL REMEDIES.

During February the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion with New and Non-official Remedies:

The Abbott Laboratories: Chlorcosane, Barbitol-Abbott, Procaine-Abbott.

Dermatological Research Laboratories, Philadelphia Polyclinic: Arsenobenzol (Dermatological Research Laboratories) 1 Gm. Ampules.

Eli Lilly and Company: Typhoid Vaccine, Prophylactic; Typhoid Vaccine, Therapeutic; Typhoid Mixed Vaccine, Lilly.

Merck and Company: Mercury Benzoate-Merck.

Monsanto Chemical Works: Halazone-Monsanto.

H. K. Mulford Company: Bulgarian Bacillus, Friable Tablets.

Quackery in Goethe's Day — In Goethe's *Italiensche Reise* occurs the following passage: I saw a punchinello, who was quarreling with a little monkey on a platform of boards, above which was a balcony where a very pretty maiden sold her favors. Beside the monkey's platform a quack sold to the faithful his arcana against all evils.

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TREATMENT OF FIBROID TUMORS OF THE UTERUS WITH RADIUM.

BY HOWARD A. KELLY, M. D.
Baltimore, Md.

For the past five years Dr. Curtis F. Burnam and I have been treating fibroid tumors of the uterus with radium. We have found that practically every uncomplicated fibroid tumor of whatever size will be favorably affected by this comparatively new, non-surgical method of treatment, which will stop hemorrhage, together with menses, the latter either temporarily or permanently, and which will shrink the tumor or cause it to disappear.

Radiation has no mortality rate whatever *per se*. In this it has advantage over the radical surgical operation which has been the accepted method of dealing with fibroid tumors of the uterus up to the present time. This, as a major operation, although comparatively safe in skilled hands, brings certain inevitable risks in its train. It is more-over a mutilating operation.

Between the dates of March 23, 1913, and January 12, 1918, we treated 211 cases of fibroid tumor of the uterus with radium and operated on 45 cases, either because of some complicating condition or because operation was preferred.

Prior to radiation, we exclude malignancy by curettage and histological examination. Appendicitis, cholelithiasis, and lateral inflammatory disease of the tubes and ovaries are also excluded, and we make sure as far as possible that we are dealing with an uncomplicated fibroid tumor of the uterus.

Of the 211 cases treated with radium, at the present time 87 are cured, the tumors having either entirely disappeared or reduced to utterly insignificant size; 14 are so well that, in spite of repeated requests, they have failed to report for examination; in 62 instances the tumors have diminished in

size. The last group is not static; it is composed largely of recently treated cases (less than 2 years) where the radium has not had time to produce its full effect. The members of this group are constantly augmenting the first group.

In addition to these, 2 complicated cases are reported unimproved; 8 were operated on after radiation; 2 died of causes unconnected with the treatment; 12 have sent no report; 14 are too early for results and 10 did not complete treatment.

If therefore we disregard the four last groups where the data are insufficient we have remaining 173 cases in which the results are known, in 163 of these radium alone has proved efficient. The remaining 10 will be considered somewhat in detail.

Two cases were reported unimproved but one of these was complicated by gall stones and operation was advised and refused, the other was a huge tumor that choked the pelvis making intrauterine radiation impossible and only one abdominal radiation was given. Operation was done after radiation in 8 cases; in 3 the fibroid condition proved to be complicated by ovarian cysts; in 2 bleeding was not controlled by a single radiation, and, the patients desiring it, an operation was done in each case; in the remaining 3 cases there was insufficient reduction in the tumor mass. In one of these a calcified uterus was found, which suggests the value of x-ray to predetermine such a condition in women over 40. In the other 2 the tumors reduced but remained sufficiently large to cause disagreeable symptoms.

The technique of treatment with radium is exceedingly simple. It consists merely of the application of 300 to 500 millicuries of the emanation, covered with a rubber cot, on the end of a uterine sound within the uterus for about three hours. It may be necessary to supplement this treatment with a similar one in a few months time or with an external abdominal treatment then or later.

For external treatment one or more grams of radium are used, suitably filtered. The package is placed on the abdomen and shifted over different areas during several hours, thus giving the skin a minimum and the tumor a maximum radiation. In skilled hands no irritation whatever of the skin results.

The immediate effects of the treatment are nausea for about 24 hours, some abdominal tenderness, and possibly a leucorrhœal discharge for a few weeks or longer. There may be no menstrual period after the treatment or there may be one or several before amenorrhœa is established. Sometimes a second, or even a third treatment is required to bring this about.

In younger patients there may be a return of menstruation in a year or two; it is then scant or nearly normal. In some of these cases mild treatment is given with the purpose of controlling and not stopping menstruation.

From the cases given above, we feel justified in concluding that radium is the treatment of choice in uncomplicated fibroid tumors of the uterus. If in the exceptional case it prove ineffective an operation is no more difficult than before radiation.

Two typical cases follow, reported in detail:

Case 1. (No. 2139). Mrs. M. C. T.; aged 41; admitted December 1, 1915.

Diagnosis: Uterine fibroid.

Symptoms: Pain in back; slight excess in menstrual flow.

Examination: Tumor rises to umbilicus.

Treatment: December 1, 1915, 271 mgs. intrauterine for 6 hours; 1600 mgs. on abdomen for 8 hours. February 24, 1916, 1873 mgs. on abdomen for 6 hours. July 1, 1916, 410 mgs. intrauterine for 1 hour; 2103 mgs. on abdomen for 3 hours.

Results: After the first treatment the patient had two menstrual periods, then amenorrhœa, and hot flushes. February 24, 1916, the uterus was about one-third its former size. July 1, 1916, the tumor was the size of 4 months pregnancy. March 18, 1918, the uterus was found normal in size on examination.

Case 2. (No. 1552). Mrs. D. T.; aged 35; admitted April 8, 1915.

Diagnosis: Multiple fibroids of uterus; menorrhagia.

Symptoms: Excessive menstruation and frequency of urination.

Examination: Multiple fibroids of uterus rising $2/3$ way to umbilicus; tumor known to have existed 3 years.

Treatment: April 8, 1915, 510 mgs. radium for 3 hours intrauterine.

Results: Menstruation was stopped and had not returned when last heard from July, 1917. July 9, 1917, the patient writes that her doctor had examined her and found no tumor. She was well but suffering with hot flushes.

ELECTRODIAGNOSIS IN INDUSTRIAL ACCIDENTS, WAR WOUNDS AND AFFECTIONS OF THE MOTOR APPARATUS.*

BY G. BETTON MASSEY, M. D.,
Philadelphia.

The somewhat narrow field in which electrodiagnosis will be considered in this brief paper includes the application of this test in the examination of the after results of wounds and injuries of the neuromuscular apparatus and in diseases of the same apparatus. In practical application in this group it becomes a definite means of measurement of the extent of the injury in many cases for which a claim under the Employers' Liability law may be made; it enables us to forecast the probable period of incapacitation; it distinguishes positively between a cerebral and a peripheral paralysis, and it indicates the exact muscles involved in an attack of poliomyelitis, diphtheritic paralysis, lead palsy, or other toxic paralysis. By equally positive evidence it will detect malingering in which the claim of neuromuscular abnormality is made.

The findings in all of these conditions are as definite as a chemical reaction, and may be depicted on a chart in figures readily understood by a judge or juror. These tests are not new. They were first observed and formulated more than a generation ago by Du Bois Reymond, Erb and others, and it is a most singular thing that they stand today complete, demonstrable truths as announced by Erb, and without any essential modern addition in spite of the fact that electric units of measurement, electric meters and all modern electricity has been developed since. All that we have added to their statement of the normal reactions and the reaction of degeneration is the application of exact measurement in milliamperes in place of by the number of cells used, and of course we can use the current of the mains for this purpose when it is of the direct current kind.

*Read by invitation before the Cumberland County Medical Society April 2, 1918.

This slight use made of these very objective pathologic signs in recent medicine is unfortunate. Two reasons have contributed to it: the neglect of the physical forces in the curricula of our medical colleges and a belief by those physicians who know something of them that these tests are more abstruse than they really are.

Of the educational neglect the time at my disposal will not permit me to speak further. But for the impression that the subject is abstruse and difficult we may blame the physiologic laboratory, where the student makes studies on bared nerves that he thinks are akin to those tests, but in reality with results that differ materially from those obtained in living nerves surrounded by good conducting materials and overlaid by the skin. The clinical reactions I shall describe are simple and easily elicited.

The purpose of the clinical test is to ascertain whether a motor nerve or muscle will respond to the excitation of an electric stimulus sent through it from a moist electrode resting on the skin at a spot capable of reaching the nerve or muscle, and if the excitation is produced, whether the contraction response is diminished or increased, or changed in character.

A motor neuron is, of course, a complete neural unit, consisting of motor nerve cell, its conducting fiber and the end organ in the muscle. The conducting fiber between the motor cell and the end organ, called now the neuraxon but formerly the axis cylinder, is simply a conductor of nerve force with its insulating sheaths, resembling a covered copper wire for the conduction of electricity but adapted, of course, for the conduction of nerve force. Unlike the copper wire, the neuraxon can be made to produce functionation in its attached muscle fiber by a blow suddenly applied at any point in its course, or by a sudden wave of electricity, the resulting contraction resembling that normally produced by volition. When the neuraxon responds in this manner normally we know that the nerve is uninjured.

The muscle also responds directly to the wave of an electric current passed suddenly through it, though the larger volume of the galvanic current wave and its greater duration make it more effective than the faradic. This response of the muscle to the galvanic current differs when the cathode or the anode is over it, and also when the wave is a sudden make or break of the circuit. This gives us the normal formula of polar response in muscle. The make or turn-on is called the "closure" and the break or turn-

off the "opening" of the circuit. The essential part of this normal formula of polar response is that cathodal closure in the normal muscle produces a greater contraction for the same current than anodal closure.

The reason for this fact is probably found in our present view of an electric current as a stream of electrons flowing only from the cathode to the anode. There being but one stream, issuing from the cathode, the muscle or nerve is struck by a wave of it from above and in a more concentrated manner at cathodal closure, while at anodal closure the wave is from below and weaker because less concentrated.

In testing we desire to ascertain whether this normal formula is present or certain variations from it called the reaction of degeneration. To understand the importance of this morbid reaction a few words must be said of this degeneration itself, and why its recognition in a nerve or muscle gives us exact data of certain organic changes that permit us to measure and demonstrate by figures their degree and approximate duration.

This degeneration is called Wallerian from the physiologist Waller, who first pointed out that a motor neuron conducts trophic or nutritive force as well as nerve force proper. The centers of this trophic force are in certain unidentified cells situated among the motor cells of the anterior horns of the spinal cord and the gray matter of the medulla. Any injury of a motor neuraxon will interfere with the conduction of this nutritive force as well as the conduction of volitional force. Below this point of injury the neuraxon becomes not only a "dead wire" in electricians' parlance, but a degenerated conductor also. Within 48 hours after the injury the neuraxon "curdles" to use an expressive figure of speech, and, in proportion to the degree of the injury, becomes incapable of transmitting function or nutritive force. In other words, the curdled neuraxon not only fails to transmit the will, but loses its excitability to the electric current below the point of injury, thus giving us a means of locating this point with exactitude.

To take a specific instance—a man, probably in alcoholic stupor, sleeps soundly while lying on a hard surface with an arm so extended over the edge of the pallet that the musculo-spiral nerve is subjected to prolonged pressure. Within forty-eight hours or less he will have a drop-wrist palsy, and

a decreasing excitability of the nerve to the electric test below the site of injury that will end in extinction of the excitability in a week and the development of further signs of the reaction of degeneration. The same Wallerian degeneration will be found in the nerves of the arm in cases of crutch palsy and in nerves compressed by cicatricial bands after war and industrial accidents; in nerve trunks caught between bony walls and growing malignant tumors, etc.

In poliomyelitis the site of the injury to the trophic or nutritive apparatus is in the trophic cells themselves in the anterior horn of the gray matter of the cord. The Wallerian degeneration will extend thence down the neuraxon connected with each trophic cell to the muscles supplied, which are themselves profoundly affected by degenerative changes due to arrest of trophic supply. These neuraxons curdle just as in pressure and toxic paralyses, lose their conductivity and excitability until, in favorable cases conductivity first returns with a regenerated center and neuraxon, and finally electric excitability. Similar conditions exist in diphtheritic and other toxic palsies.

I have heretofore spoken chiefly of the nerve conductors or neuraxons, and I wish to emphasize that the electric reactions of the degenerated nerve consist in simple lessened response in mild cases or, more usually, extinction of response to either the faradic or galvanic currents. We have no change in the nerve responses except quantitative lessening.

In the muscle supplied by the degenerated or curdled neuraxon, on the contrary, we have serial and modal changes to the galvanic current during the persistence of the degeneration that are most interesting and characteristic, and that indicate the close dependence of the muscle on a continuous supply of nutritive force from the anterior horns of gray matter of the cord and medulla. These changes in muscle response occur only with the galvanic current, the faradic current producing no response in the degenerated muscle.

To the galvanic current, as stated, the muscle cut off from its trophic center by a serious injury to its supplying neuraxon, presents a definite course of changes, the recognition of which by these tests enable us to state approximately the number of weeks or months that have elapsed since the injury.

During the first week there is simply a *quantitative lessening* of response to a given number of milliamperes. During the second

and third weeks there is an increase of response to a given number of milliamperes, a *quantitative increase*, so that by the end of the third week the number of milliamperes required to produce the minimal contraction will be less in the injured muscle than in the corresponding uninjured muscle on the opposite side. As this quantitative increase of excitability becomes evident a *serial change* also develops: anodal closure now produces greater contraction than cathodal closure.

From the third to the tenth weeks of a typical case a *modal change* occurs in the muscle contraction. Instead of normal, short, lightning-like contraction, a slow, long-drawn contraction occurs, which, with a slight increase of current readily passes into tetany, even when relatively weak currents are used.

This modal change is the most characteristic symptom of the reaction of degeneration, and while it cannot be so readily shown on a chart, is the change most easily recognized, and once seen is never forgotten.

The after history of a Wallerian degeneration is either a gradual restoration of volitional conductivity as the neuron is regenerated, with electric excitability appearing later, in a case proceeding towards recovery, or else no restoration of volition and a gradual decrease and final disappearance of all electric responses as the muscle fibers become replaced by sclerosed connective tissue, the particular stage in either case being recognizable by the electrical tests.

As will be seen, we have in the recognition of the reaction of degeneration in its several aspects an important test of the presence of trauma, its localization, and its approximate stage at the time of examination.

The absence of degeneration reaction is at times most important, as, for instance, in testing a recent facial paralysis. If this is due to exposure, rheumatism or other peripheral causation the reaction will be found. If, on the other hand, the responses are normal, the indications are that we have to deal with a small localized hemiplegia and serious vascular changes within the brain.

1823 Wallace street, Philadelphia.

Terminal Disinfection.—Terminal disinfection creates an impression of "something doing," but with advancing scientific knowledge, it is falling more and more into disuse, save for tuberculosis, and is being replaced by concurrent disinfection (that is, of all discharges while the patient is in an infective state).—Alice Hamilton, Survey.

TREATMENT OF LONG-STANDING SUPPURATIONS IN ARTHRITIS AND OSTEOMYELITIS.*

BY EDWARD Z. HOLT, M. D.,
Atlantic City, N. J.

Many cases of long-standing suppuration in arthritis and osteomyelitis result from neglect or mal-treatment of acute conditions. The poor classes disregard their ills and are frequently victims of such conditions. Likewise the poorly nourished have lowered resistance and fall easy prey to infections. But the early and careful attention of a physician will frequently prevent long periods of sepsis and occasionally fatal illnesses. On the other hand there are cases which will suppurate a long time in spite of the most painstaking care from the outset of the trouble.

The treatment of persisting suppurations embraces general and local considerations. Surgeons disagree as to the relative importance of each. Bevan of Chicago is thoroughly convinced that "wound healing depends largely on the life processes in the living cells, and sees but limited value in the local employment of antiseptics." The majority of surgeons, however, place more emphasis on local treatment. Without a doubt the problem should be attacked from both view points. Occasionally cases occur in which the treatment of the general health is the paramount issue. A year ago Joseph M. came to Atlantic City much debilitated with four discharging sinuses. His general health improved wonderfully, so that in six months his sinuses closed. His local treatment consisted in the application of a few pieces of old sheetings two or three times a week. But, more frequently recovery depends upon the care of the wound itself. As to the general treatment an abundance of nourishing food, pure air, sleep, sunlight and rest in the proper position in the individual case are of inestimable value. Cheerful surroundings and if possible a light occupation are valuable adjuncts to an atmosphere of contentment and hopefulness.

Systemic measures, as the use of tuberculin in the case of the tuberculous, and mercury for the syphilitic have not met with success. Neither do these mixed infections respond to autogenous vaccines. Nevertheless a few have apparently benefited by their employment.

The local treatment consists of surgical and antiseptic measures. It should depend largely upon the findings of frequent stereoscopic x-ray pictures both front and lateral views. It is unwise to be hasty in advising amputations. At the present time there are two cases in the Children's Seashore House, Atlantic City, in which amputation of the leg was advised by a surgeon in another State. Both boys are walking to-day. One case, Frank J., wears a high heel on his shoe; the other case, Stephen B., walks with a brace extending up the thigh. This, however, will be discarded in a short time. Two similar cases were in Atlantic City a fortnight ago. All foreign substances should be removed from the wound. Sequestra and hardened necrotic tissue are as foreign as are pieces of clothing or shrapnel. Because of their locations and the general condition of the patient it is not always advisable to accomplish their removal as early as is desired. In certain cases aspiration of an abscess with the injection of a small quantity of a mild antiseptic such as 2% solution of formalin in glycerine has met with success. The antiseptic is gradually absorbed and the process is arrested without the formation of a sinus. In other cases curettement and packing are sufficient. The location of the focus of infection, the obliteration of pockets, and the establishment of free dependent drainage are essential.

Carrel in his method with the Dakin solution has attempted to upset the old surgical maxim of dependent drainage. He advises incision at the highest point. As a result a puddle is formed into which Dakin solution is poured at two hour intervals. Noted surgeons have studied the elaborate technique in his wards only to return home and be unsuccessful in treating cases in their own wards. The method demands trained assistants and is time consuming. An error in the smallest detail may mean failure. Moreover, the hypochlorite solution irritates the skin surrounding the wound. By culture it has been found that the germicidal property of this solution diminishes greatly two hours after its application. For these reasons the method has been unsuccessful in the hands of many surgeons.

The surgical treatment includes rest of the part in the early stage. This is accomplished by extension in the line of deformity or by application of splints, braces, plaster of paris and celluloid casts. Each has its place in the individual case, and in the particular stage of treatment. No hard

*Read before the Atlantic County Medical Society, March, 1918.

and fast rule can be made as to the length of time of such treatment. The question of resultant deformity and usefulness of the patient in after life are important factors which should be considered from the outset. Never before has this problem received so much attention as it is receiving at the present time from the surgical reconstructionists of the allied armies.

Obviously asepsis is as necessary in handling these cases as it is in abdominal work. In choosing the antiseptic the following questions present themselves. Is the material a germicide? Is its action lasting? Is it non-poisonous and non-irritating? Is it in such form that it may be brought in contact with the diseased area? The fact that there are scores of antiseptics is evidence that no one is ideal. Practically all have been tried in these cases. At the present time dichloramine toluene proves most efficacious. It is a yellowish solid, readily soluble and easily decomposed. In most solvents it is irritating to the tissues. Originally it was dissolved in chlorinated eucalyptol, diluted to the proper strength with paraffin oil and used as an antiseptic in nose and throat work in the British Army to prevent meningitis. Dichloramine-T is on the market in five and ten per cent. solutions of oil of eucalyptus and paraffin oil. It is non-irritating to long-standing suppurations, since the wound walls are thicker, tougher, less vascular, less sensitive, and more resistant than are the walls of acute cases and of fresh wounds. It is readily applied. A few drops of a five per cent. solution are sufficient for the dressing of an ordinary case. It is not necessary to dress the wound more than once in twenty-four hours. Two or three layers of gauze should suffice if the wound is small. If extensive, the surface of the wound may be covered with a layer of paraffin crinoline of mesh, the size of fly netting. In the deeper wounds a grooved director, a small rubber tube or a catheter will serve to conduct the dichloramine-T to the focus of infection. This is essential as the ideal antiseptic will be useless if improperly applied. If this be accomplished dichloramine-T will reduce the quantity of discharge. Cultures taken at two days' intervals will reveal a diminution of the organisms. From the economic standpoint, dichloramine-T is an important adjunct, for wounds are healed in a relatively shorter period than heretofore, and the quantity of material used at each dressing is diminished.

Its disadvantages are the irritability and the high price of the oil of eucalyptus. In order to overcome them Dakin and Dunham advise the use of an eight or ten per cent. solution of chlorinated paraffin wax or chlorcosane (most of the hydrocarbons in paraffin wax end with the suffix cosine) instead of the oil of eucalyptus. Chlorcosane is heated and dichloramine-T is added. It has been placed on the market recently.

The problem of curing suppurating cases is difficult, but by no means hopeless. The number of these cases with profuse discharges, marked debility, hectic states, and amyloid conditions has greatly diminished in the surgical wards of hospitals and convalescent homes. The marked progress which has been made during the past decade is likely to continue.

Clinical Reports.

Radium in Cancer of the Lip.

Dr. Henry H. Janeway, New York, in a paper on "The Treatment of Cancer of the Lip," gives report of twenty-four cases, two of which are as follows:

V. V., man, aged 50, married, with no children, admitted, May 14, 1917, had a superficial ulcer, 1.5 cm. in diameter, on the middle of the vermilion surface and adjacent portion of the skin surface of the upper lip. No enlarged cervical lymphatics were palpable.

The lesion had first been noticed two and one-half years before, and had slowly grown to its present size. The patient had been a heavy smoker. He had had no previous treatment.

May 14, 1917, 70 mc., in one 2 mm. lead plaque, 2 cm. square, were applied for four hours.

June 29, retrogression was almost complete.

July 23, 65 mc., in five 0.5 mm. silver tubes, set in dental compound, were applied for one and one-half hours.

October 5, there was no evidence of disease.

Feb. 15, 1918, there was no evidence of disease.

J. F., man, aged 65, married, with seven children, admitted, May 31, 1917, had an ulcer, 2.5 cm. in diameter, with hard, thick base and edges, on the right extremity of the vermilion surface of the lower lip, and involving the angle of the mouth and a small portion of the adjacent portion of the upper lip. No enlarged lymphatic glands were palpable in the neck.

Two years before the present lesion had first been noticed as a thickening of the right extremity of the lower lip. It later ulcerated and increased in size. Nine months before it was excised at Bellevue Hospital. It recurred in two months' time. The patient had smoked a corn-cob pipe all his life, used alcohol in moderation, and denied syphilis and any direct trauma to the lip. The teeth did not appear to have been a causative factor.

June 5, 1917, 336 mc., in fourteen 1 mm. platinum tubes, embedded in a mold of dental composition, were applied for five hours.

September 20, there was no evidence of disease present.

Jan. 17, 1918, there was no evidence of disease.

Case 6 (Hospital No. 24492).—S. E., man, aged 58, married, with three children, a chauffeur, admitted, June 13, 1917, had an ulcer, 2 cm. in diameter, on the mucocutaneous juncture of the right side of the lower lip. It was slightly elevated, with irregular, nodular, indurated base and edges. There were no enlarged cervical lymphatics in the neck.

Thirteen months before, the lip had been injured at the site of the lesion during the extraction of a tooth. The ulcer so caused never healed, but gradually developed into the present lesion. One month ago an unsuccessful attempt was made to cure the ulcer by an electric needle. The patient smoked a pipe and cigars, and used alcohol in moderation. Syphilis was not demonstrated.

June 13, 1917, 210 mc., in six 0.5 mm. silver tubes, embedded to a depth of 1 mm. in a mold of dental compound, was applied for four hours.

July 27, there was no evidence of disease.

Feb. 11, 1918, there was no evidence of disease.

Radium Emanation in Hay Fever.

Dr. F. E. Park, Stoneham, Mass., reports these two cases in the Medical Record of Feb. 16:

Case 1.—Business man 3 years old. Had always been well save for an annual severe attack of hay-fever. Was of a nervous temperament. Had been under a prolonged business strain, and came to me for general treatment. This was in May, 1913. He was given a six weeks' treatment with radium emanation and discharged, as far as I could determine in good condition.

I did not see him again until the following winter, when he informed me that he had passed through the preceding summer with an attack of hay-fever. This state of affairs persisted for 3 years, until the summer of 1917, when he came to me suffering from a severe acute attack of the old trouble. On questioning him, I found that for the previous two years he had been harassed by business troubles, and was in a very nervous and run-down condition. He was started at once on the same treatment as he had previously been given. The relief was prompt, he being able to sleep a good part of the first night, and by the end of the week, there was complete relief of all symptoms. The treatment was continued for two weeks longer, when he was discharged, and had no further trouble during the rest of the season.

Case 2.—Middle-aged lady, whose previous history showed intense overwork in her younger days, with a condition of semi-invalidism from that time on until the past 5 years when she was shown a distinct gain. There is a history of severe hay-fever attacks of maximum severity for about 30 years back with no intermission. On figuring up the usual date of the beginning of her attacks I found we had about two weeks' leeway, and I proposed to

her that we try and see if we could get any prophylactic result, with a course of radium emanation, the same treatment as I had used in the other case. This was done and the treatment extended over a period of four weeks. As a result she passed through her first summer and autumn with no hay fever, becoming so bold finally as to weed in her garden and deliberately expose herself to the same influences that formerly had affected her.

Cesarean Section in Twin Pregnancy.

At a meeting of the New York Academy of Medicine, March 21, Dr. Walt P. Conaway, Atlantic City, presented this case:

The patient was forty-one and a half years of age. Her earlier history had no bearing on the case. She was married at the age of forty years and had had no miscarriages or abortions. During the last two months of pregnancy she suffered from considerable pain over the abdomen, constipation, and loss of appetite. For a week prior to her admission to the hospital she was ill with peritonitis. She was admitted to the Atlantic City Hospital on May 30, 1917, with a diagnosis of twin pregnancy at term and peritonitis. She had a slight albuminuria and a two plus Wassermann. After she had had pains for forty-eight hours and was almost exhausted an attempt was made to dilate and deliver with forceps under general anesthesia. The os was so rigid that delivery at this time was abandoned. Though the condition of the patient was not satisfactory, cesarean section was decided upon in the interest of the child, although a dead fetus was expected. On opening the abdomen an enormous uterus was found, very adherent to the parietal peritoneum and with the mesentery adherent to the fundus. After freeing the uterus from its inflammatory adhesions, an incision was made through the fundus and with some difficulty, on account of a caput succedaneum, from the constriction ring of the cervix, a well developed male child weighing 6½ pounds was delivered. The placenta was adherent, thrombosed in many places and apparently diseased. Another baby, which weighed 5½ pounds, was delivered a few seconds later. This placenta was not abnormally adherent or diseased. The first baby was resuscitated with considerable difficulty. The mother's appendix was post-cecal, drumstick in shape, and imbedded in an inflammatory mass. In the writer's opinion the peritonitis originated in this appendix. On account of the diseased condition of the uterus a hysterectomy seemed to be indicated, but the patient was in such a dangerous condition that nothing was done except to place double ligatures on each tube in the hope of preventing future pregnancies. The abdomen was closed in tier sutures as quickly as possible. Sixteen ounces of physiological saline solution was given intravenously in each arm during the operation. The patient left the operating room in extreme shock and had a rather serious convalescence. The operative interference seemed to aggravate the peritonitis. The day following the operation the patient's temperature rose to 103 3/5 F. and continued high for ten days. She had frequent chills, excessive sweats, and a heart action that was most unfavorable. A bowel movement was not secured for four days, but peristalsis was finally re-

established, largely, the writer believed, through the effect of small doses of pituitrin administered regularly every two hours. Pus formed and gravitated to the cul-de-sac, where it was easily removed by vaginal puncture and drainage. Following this the patient improved rapidly. She left the hospital in good condition, and with two fairly healthy looking babies on June 26. The father reported during the holidays that the mother and babies were well and thriving.

Spontaneous Evolution of a Transverse Presentation.

Dr. Walter B. Mount, Montclair, reported this case at the March 21 meeting, N. Y. Academy of Medicine:

The patient was forty-two years of age, colored, and the mother of nine children. She had been married twenty-three years and had had no miscarriages. The first six children were delivered by a midwife. The last pregnancy, five years ago, was not as comfortable as the others. The patient complained of weakness, edema of the feet, and a little vomiting. She was admitted to the hospital on March 22, 1914, in the second stage of labor and it was thought that they were dealing with a breech presentation. During the second stage of labor the bleeding became less, the placenta was not felt, the cord was prolapsed and was not pulsating; it was replaced and remained above the presenting part. The fetal heart could not be made out at any time. As the presenting part appeared very severe, and at 9.37 P. M. the child and placenta were delivered at once as a transverse delivery, a so-called spontaneous evolution. The cord was short, being only about 12½ inches in length. As the child was delivered the scapular region presented first.

Forceps Delivery After a Cesarean Section.—

Dr. Mount reported this case also. He said that the patient, a large woman, thirty-one years of age, with good pelvic measurements, fell into labor at term, on August 23, 1915. At 2 P. M. the cervix was two fingers dilated, the membrane ruptured, and the presentation seemed to be vertex. At 10 P. M. the cervix was over three fingers dilated and the brow was presenting. The fundus was high and very prominent, contracting hard and frequently. The fetal heart was faintly heard. The forehead was felt to the right and in front, the position being right fronto-anterior. It seemed best to do a cesarean section. The child weighed 10 pounds 14 ounces. The patient was discharged on the thirteenth day. Two years later she became pregnant again. In the meantime she had gained in weight and during the last months of this pregnancy her urine had shown she had hypertension a few times; she also had dyspnea and tachycardia. She was delivered on January 27, 1918, at term. The position was L. O. A., and after being in labor for six hours the cervix was fully dilated and the pains had become harder. The membranes were ruptured artificially. Uterine inertia then occurred and forceps were applied. The child, weighing 11¾ pounds, was rather easily delivered. There was very slight post-partum hemorrhage. Lacerations were repaired and the mother and child did well.—The Medical Record.

Lobar Pneumonia with Meningismus.

This case was reported by Dr. Utley at a recent meeting of the Pittsburgh Academy of Medicine:

Boy, 4 years 11 months old, was seen sixteen hours after onset of illness, when the following history was obtained: Boy played out of doors all the preceding day. At supper time he complained of being tired, said he was not hungry and ate very little, and while his father and mother were talking to him he fell asleep. He was carried to bed and undressed; two hours later he vomited his undigested supper. He spent a restless night, and when seen in the morning had a temperature of 105, pulse 50, respiration 28. He was very irritable, alternately bright and stupid; tongue heavily coated. Physical examination was negative except patient was hypersensitive to touch. He was given calomel, gr. 1, to be followed by saline, salol, gr. 2½, every three hours.

The following day he was found in the same condition, except periods of stupor were more marked. Temperature, pulse and respiration were unchanged; Kernig's + both sides, Babinski negative; neck was rigid at times; at other times easily flexed. Possibility of meningitis and poliomyelitis was recognized, as well as any of the acute infections of which there was no history. Pneumonia was considered, but no physical signs available and no cough. Lumbar puncture was done and approximately 20 c.c. fluid removed, under considerable pressure, stream poured out when needle was removed. A prompt examination by Dr. E. W. Willetts showed it to be normal, with a cell count of seven lymphocytes to the cubic millimeter. A short time after lumbar puncture patient went to sleep and slept for several hours, first restful sleep since onset. The following day there was slight dullness over right upper lobe, with a few large rales opposite third interspace, with somewhat higher pitched and prolonged expiration. The next day, or the fifth day of illness, frank signs of consolidation over right upper lobe. Diagnosis was lobar pneumonia. On the seventh day the temperature fell to normal, where it remained. Convalescence was uneventful. The case is of interest because of prevalence of acute poliomyelitis and acute meningitis at the time.

Facial Paralysis Following Infection of the External Auditory Canal.

Dr. A. N. Schiller reports this case in the N. Y. Med. Jour.: The patient was sixty-five years of age; past history was negative. Her present illness began in April, 1917, when she complained of pain in the left ear. On the advice of friends she irrigated her ear; she continued this method of treatment for a month. Observing that the canal of the ear had become swollen and that pain still continued, she consulted her physician. The patient was under the care of her physician for two months. During this time he incised the canal wall three times to relieve pocketing of pus. For a time the patient was relieved of pain, but this was soon followed by a return of all the symptoms. On July 18th, looking into the mirror, she noticed that the left side of her face was paralyzed. The case was referred to me,

and the patient admitted to the Philanthropin Hospital.

The left auditory canal was markedly infiltrated and had a profuse discharge. The canal was cleaned, and on probing, necrotic cartilage was felt. The drum could not be seen because of the edema of the canal. There was a complete paralysis of the left facial nerve. Examination of the urine showed sugar, acetone, and diacetic acid. The diagnosis of facial paralysis due to middle ear necrosis was made. A radical mastoid was performed under a local anesthesia of 0.5 per cent. novocaine solution. Injections were made under the periosteum of the fossa mastoidea and at the centre and apex of the mastoid. The canal wall was anesthetized by subperiosteal injections at the junction of the cartilaginous and bony portions of the wall. Some of the fluid was injected under the periosteum of the bony portion of the canal in the direction of the antrum of the mastoid. Two sections of cartilage, each about one-quarter inch, were removed from the canal; these were the necrotic areas of cartilage that I felt on probing. A radical mastoid operation was done and the posterior incision closed. There was no reaction following the operation. The patient was put on a diet for diabetes, and in two weeks was free from sugar and acidosis. About three weeks after the operation improvement was noticed and the paralysis became less marked. Three months after the operation all traces of the facial palsy had disappeared. The ear discharged for six weeks and has since been dry.

Nephritis Treated by Adrenalin.

Dr. I. Harris reports a case in a school boy, aged 15 years, of undeveloped physique, and extremely pale appearance. He noticed swelling of the face and neck 6 months before admission to hospital, after an attack of eczema. Since then he had frequently suffered from ascites and swelling of lower limbs. When admitted he was suffering from general edema. The heart dullness was, however, practically normal, and there has been no murmur of any kind; no accentuation of heart sounds; fundus oculi of both sides normal; urine, hyaline, fatty casts, leucocytes, albumin; blood pressure 115 Hg. After being 36 days under treatment, adrenalin (10 minims of a 1 in 1000 solution 4 times a day, increased later to 15 minims by the mouth) was prescribed. The edema disappeared and the albumin diminished considerably under its influence, and the patient was able to leave the hospital in a fair condition of health.—British Journal of Children's Diseases.

Chancere of the Lip.

Dr. M. J. Breuer reports this case in the Nebraska State Journal:

A young lady was sent in for diagnosis. The right side of her lower lip was considerably swollen and everted. The induration was characteristic, but there was very little ulceration. A little serum obtained by abrading the surface, was examined by dark field illumination, and active spirochetes were found, of a form characteristic of the *Treponema pallidum*. She admitted using a drinking cup in the office, which was also used by a man suspected by a number of the people around him, of

having active syphilis. I was unable to obtain an examination of this man. She seemed quite frank in replying to my inquiries, and this was the only possible source of infection I was able to locate.

She has so far received two 0.6 gm doses of diarsenol. A specimen of blood taken at the time the first injection was given, gave a negative Wassermann test. Four days after the first injection, the lip lesion was almost healed. A week after the second injection, no traces were left on the lip. Another injection will be given, and the patient will be placed for some weeks on mixed treatment; then after the proper interval, the patient's condition will be checked by serum tests.

Laryngological Cases.

At a meeting of the Phila. Laryngological Society, held November 6, Dr. Fielding O. Lewis presented a case of laryngostomy on a young man for stenosis following the swallowing of Sloan's liniment, and another case of laryngostomy performed on a boy having received a severe injury by falling on a stage and striking his larynx. The patient had a web across the cords with a small opening in the web. A third patient, luetic, 32 years of age, with stenosis of the larynx was presented. He had had a tracheotomy performed.

Dr. Edgar J. Stein presented a patient who had had a total laryngectomy for dyspnea, aphonia and pain due to carcinoma. Preliminary tracheotomy was performed. This operation was performed five years ago, and at the present time the patient is comfortable and is able to take care of himself.

Dr. Robert F. Ridpath presented a man complaining of hoarseness due to papilloma of a vocal cord, its attachment being by a pedicle, causing the small tumor to disappear and hide beneath the cord.

Dr. A. H. C. Rowand read a report of a case of acute emphysematous swelling on the anterior aspect of the larynx. Patient, female, aged 32, had a sudden coughing spell with temporary closure of the glottis, followed immediately by complete relief. A few days later she complained of a lump in the throat and a constant tickling and desire to cough. Examination revealed a round swelling on the anterior aspect of the thyroid cartilage near the cricoid articulation. Pressure caused severe coughing and discomfort, and slight crepitus was elicited. During the next six or seven weeks the patient used iodine ointment and gentle massage. About two months later the condition disappeared as suddenly as it came on. There has been no recurrence.

Hypermobility Semilunar Cartilage.

At a clinical meeting of the Boston, Mass., Surgical Society, at the Carney Hospital, Dr. W. R. MacAusland, by invitation, operated upon a young woman who, for two months, had complained of pain and swelling in the right knee; the pain came on suddenly, the joint "caught" when walking and it was impossible to fully straighten it. She had been in the hospital six weeks; when she was admitted the knee was in 10 degrees permanent flexion; there were pain, sensitiveness and swelling in the region of the internal semilunar cartilage, and there was a small amount

of fluid in the joint; x-rays were negative. Under rest and strapping there had been no improvement.

A lateral incision was made on the inner side of the knee and the internal semilunar cartilage found to be hypermobile. Nothing else was found in the knee joint to account for symptoms. This cartilage was removed in toto.

Patient since that time has made a satisfactory and rapid convalescence; 90 degrees motion in knee joint and walking without pain at the end of three weeks.

Note. The findings of persistent swelling, tenderness, and pain in the region of the internal semilunar cartilage, together with small amount of fluid, and particularly limitation of motion in complete extension, point toward injury of the internal semilunar cartilage. It is not necessary for a cartilage to be actually broken or entirely torn from its attachment to give symptoms. Removal of the cartilage in toto gives satisfactory results.

Persistent Botal's Foramen in a Man of Fifty Years.

Drs. Menetrier and Wolff in *La Presse Medicale*, report the case of a man admitted to the clinic with cyanosis, dyspnea and inability to speak. Despite cardiac stimulants he soon succumbed. Autopsy showed the presence of the above mentioned defect. The man had worked throughout at a laborious calling.

Foreign Body in the Appendix.

Dr. F. A. Long reports this case in the *Nebraska Med. Jour.*:

A young man of twenty was attacked with pain in the appendiceal region during corn husking and after two days of pain was operated and the appendix when removed was found to contain a fresh apple seed so recently ingested that maceration of the seed had not yet taken place.

Sarcomatous Degeneration of Uterine Fibroids.

Dr. H. W. Mills gives the following case in a paper upon the above subject in the *Interstate Medical Journal*, St. Louis:

Mrs. B., housewife, aged 48, 3 children, 1 miscarriage.

Family History.—Father died aged 47, of pneumonia; mother alive, aged 69, in good health; brothers 3, all alive and well, aged 34, 32 and 26; sister 1, aged 30, in good health.

Previous History.—Typhoid fever at the age of fourteen. At the age of 25, following the birth of her second child, she began to fail in health, had a good deal of pelvic pain, and menorrhagia, and became neurasthenic; at the age of 35 she consulted a surgeon who discovered a large uterine fibroma. For the past ten years she has been a semi-invalid.

Operation.—February 24, 1916. Supravaginal hysterectomy.

Pathological Report.—(By Dr. Walter V. Brem of Los Angeles.) The fibroma of the uterus, in which you suspected malignant changes, shows a large spindle-cell sarcoma. The wall of the uterus contains a firm tumor about the size of a small orange. On sectioning it is seen to have a lobulated appearance, to be white in color, with the central portion quite soft. The lobules have a homogeneous

appearance. Frozen sections—Hematoxylin-eosin stain used. The sections show the tumor to be made up of large deeply staining spindle-shaped cells. The cells seem to be arranged in bundles, some being cut transversely, others longitudinally. In a section from one portion of the tumor a moderate amount of fibrous tissue was seen. Sections from other portions do not show any. No muscle fibres were seen. Occasional small blood vessels are scattered throughout the tumor. The tumor cells are arranged around them in whorls. Sections from the wall of the uterus show normal muscle.

Diagnosis.—Sarcomatous degeneration of a uterine fibroid.—An original drawing by a skilled pathological artist (Miss E. C. Forster of Los Angeles), was made, and from a photograph of this a cut was reproduced.

On December 7, 1917, I carefully examined this patient, and found her quite well and free from any evidence of recurrence. She had gained 20 pounds since her operation and is working regularly.

Abstracts from Medical Journals.

A Hitherto Undescribed Sequel to Measles.

Dr. William L. Vroom, Ridgewood, N. J., Capt. M. R. C., in a paper in *Medicine and Surgery*, St. Louis, on "Some Observations Relative to 42 Cases of So-called Bronchopneumonia Following Immediately upon an Attack of Measles," gives the following as characteristics of this unusual complication:

1, Note, the apparently uneventful course of the preceding attack of measles; 2, the sudden advent of this secondary condition of infection; 3, the early cyanosis and epistaxis; 4, the relatively early effusion into the pleural cavities with a decided tendency to the development of empyema; 5, the very apparent inability of the air-vesicles to perform their function; 6, and the tendency to pursue a very rapid and fatal course.

As regards a line of treatment, it is significant that all means used failed to show evidence of any effect whatever, in staying the progress of the affection. Only those cases not developing deep pulmonary involvement or pleural complications, slowly recovered. Those developing empyema were given the benefit of operative procedure; but in the cases in which the alveoli of the lungs became unable to perform their function, remedial agents utterly failed. In the light of our knowledge elicited from observing the progress of these cases, it was suggested by Captain W. A. N. Dorland that in a future epidemic of like nature, transfusion of blood from a measles immune be performed at an early moment, and if possible, before the symptoms of pronounced alveolar involvement become evident.

Method for Producing Rapid Immunity to Pneumococci.

Dr. H. L. Alexander in the *Journal of Medical Research* says he produced a potent anti-pneumococcus serum rapidly in rabbits by the use of antigens containing large numbers of living pneumococci, which were first sensitized, and then incubated with leucocytes. Their viability after this treatment was demonstrated.

as they grew well on broth and blood agar. By this method protective substances in considerable amounts were produced in the blood serum of rabbits within six to eleven days after the first injection of the antigen, as contrasted with other methods requiring weeks or months for the production of an antipneumococcus serum of like potency. The protection is not obtained so quickly with similar antigens containing killed organisms, or in the absence of the leucocytes. Apparently there is no increase in protective bodies after three series of injections. Experiments made to determine whether long incubations would produce a more effective antigen showed that this resulted in acute protein poisoning. The analogy is pointed out between this rapid immunization and the production of protective substances within a short time in pneumonia patients at about the time of the crisis.

Lafora's Sign in Meningitis.—G. G. Urdiales, *Revista de Medicinaria Cirugia Practicas*, verifies the contention of Rodriguez Lafora that persistent picking of the nose is a very early diagnostic sign in meningitis. The explanation of the symptom is that it is due to an irritation of the trifacial nerve or the Gaesserian ganglion, which in turn is due to pressure and intoxication produced by the purulent cerebrospinal fluid and increased tension.

Subscapular Bursitis.

Dr. C. L. Lowman, in *Medicine and Surgery*, says:

A common source of errors in diagnosis, and consequent treatment, are the inflammatory conditions in the bursae located around the shoulder girdle, causing cervical and shoulder pain. This pain is often radiated down the arm and treated for neuritis or rheumatism. Subscapular bursitis is found in the round shoulder type in both the well nourished and the thin. The scapulae have grown too curved during childhood from the forward position of the shoulders and are often bent enough, so that the superior angle is hooked forward. This rubs back and forth over the chest wall, producing more or less thickening of the bursa. Under occupational strain, infection, or toxic irritation, the bursa becomes inflamed and is made worse by all movements of the shoulder. To elicit the painful spots, stand behind the patient, place your hands over the shoulders with thumbs pressed over the upper, inner angles of the scapulae. Have the patient shrug the shoulders up and down, and forward and backward; a decided crepitation is felt and pressure at this point will often elicit extreme tenderness and pain.

Cancer of the Stomach.

During a period of twenty years, 651 resections of the stomach for cancer were done at the Mayo Clinic. Of 427 patients operated on more than three years ago who recovered from the operation, 311 have been traced; 120 (38.6 per cent.) were alive three years or more after operation. Of 313 patients who were operated on more than five years ago, 239 who recovered from the operation were traced, and 62 (26 per cent.) of these were alive five years or more after operation. No special effort was made to trace patients after the five-year pe-

riod, but incidentally it was learned that 35 lived six years or more after operation, 27 lived seven years or more, 18 lived eight years or more, 10 lived nine years or more, 7 lived ten years or more; 5 lived eleven years or more, 3 lived twelve years or more, and 1 lived more than fifteen years after operation.

Improvements in Technic of Radium Therapy.

Dr. Fred. J. Taussig, St. Louis, in a recent paper pointed out the progress that had been made in the technic of radium applications and the extensive field for further improvement in results. He dwelt, in particular, on the work being done at the present time in the General Memorial Hospital of New York and the Huntington Memorial Hospital of Boston. Many new forms of applicators had been devised, among which the most ingenious are the use of dental compound as suggested by Janeway, and the construction of the mercury "bomb" for cervical cancers by Dr. Bailey.

By varying the total dosage, the filtration, the distance of application, the interval between treatments, etc., we can hope, in the coming years, to arrive at a better understanding of the most favorable plan of treatment of each particular kind of cancer. The combination of surgery with radium treatment also offers a large field for further investigation.

In conclusion the writer urged more exact methods in the dosage of cases and a complete statement of all essential data in every report of cases made hereafter. He believes that results thus far justify the conclusions that in an increasingly larger number of instances, radium will be found to be equal if not surpassing surgical treatment of this disease.

Radium Treatment of Malignant Neoplasms of Pharynx and Nasal Fossae.

Dr. L. Rethi, in *Wiener Med. Woch.*, relates the case of a man with a tumor of the palatine tonsil (lympho-sarcoma). An operation, combined with radium irradiations, completely cleaned up the pharyngeal cavity. The writer continued to treat the case by incising the enlarged lymph-nodes and then inserting radium tubes into them.

Two other cases were likewise satisfactorily treated by the same technique. Rethi lays down the general principles as follows: Cases which are still operable should be first treated surgically without any pre-operative treatment with radium, and only the inoperable cases are to be treated at once with radium. The writer questions whether or not certain operable cases are not improved by immediate radium treatment.

Fourteen Hundred Cancer Cases Treated by Electrothermic Methods.

Dr. William L. Clark, in giving account of his cases at a meeting of the Philadelphia County Medical Society, said it had been found that electrothermic methods of treatment of cutaneous cancer were more uniformly reliable than other procedures, and this was also true of cancer of the lower lip and oral cavity; but, operative surgery, x-ray, or radium might be used to advantage when metastasis has occurred. When glands or large blood vessels are involved electrothermic methods could not

be used with safety in the region of the blood vessels. Operative surgery and x-ray were usually preferred in mammary cancer, but a breast might be removed by electrothermic methods. Operative surgery, radium, or both in combination, ordinarily seemed best in cancer of uterine cervix, but electrothermic methods were also of value. Cancer of bladder and rectum, unless seen very early, was hopeless. If seen early, electrothermic methods offered the best chance of success. Electrothermic methods were successful when the disease was localized and they had the advantage over other methods in that the diseased tissue was entirely destroyed with one treatment, blood and lymph channels were sealed, and superior cosmetic results obtained. The successful treatment of cancer, generally speaking, meant the intelligent use of the methods best suited for individual case; or, when indicated, the use of combined methods.

One Hundred Cases of Cancer of Uterus Treated by Radium.

Dr. John G. Clark, at the same meeting of the Philadelphia County Society as the above item, said he was particularly impressed with the point brought out by Dr. W. L. Clark that so long as cancer is local it can be cured. In his own clinic they had had during the last three years considerably over 100 cases of inoperable cancer of the cervix. One hundred of these had been available for statistical study. So long as cancer is within operable bounds they applied surgical treatment, beginning the treatment of inoperable cases with radium on a purely palliative basis and so continuing it because they realize no case was a cure under five years, and in none had that length of time elapsed. They hoped and, indeed, believed, that after five years there would be a distinct percentage of these patients still alive and apparently free from the growth, because they had now quite a number beyond the two year period without signs of local cancer. Doctor Keene had been following these cases with him and watching them with a great deal of interest. They came from time to time for examination; consequently, the cases presented are those which have been controlled. They had compared results in the form of some tables; in other words, the palliative side seemed to be uppermost. There was one very interesting case in which two and a half years have now elapsed since the beginning of treatment. The woman weighed 240 lbs. and was a diabetic, therefore a serious surgical risk. The radium was applied twice, and her symptoms, short of the discharge, had ceased. If there was metastasis, radium did not cure. The great danger in the use of radium was that the striking case impressed you with such force that you were likely to anticipate better ultimate results in all cases than might be realized. The argument for the use of radium was purely that of palliation with a strong degree of hope of cure because they were constantly seeing patients two, and two and a half years after treatment with no return. The average stay in the hospital was three days. The free patient could have the treatment while there was bed space, just as readily as the one who paid.

REMEMBER DATE OF THE ANNUAL MEETING—JUNE 25, 26. PLAN TO ATTEND.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The regular meeting of the Atlantic County Medical Society was held April 12th in the Atlantic City High School.

Dr. Elizabeth Wright of Galen Hall gave an interesting report of a case of scleroderma.

Dr. E. E. Graham of Philadelphia read a paper on "The Deaths in Children Caused by Acute Infectious Diseases." By charts based on statistics obtained from the Philadelphia Board of Health, he showed that in children under one year of age, the mortality from whooping cough is higher than from any other infectious disease. Between 1 and 2 years, diphtheria has the highest mortality; the deaths from measles during this period are greater than at any other period of life.

From 2 to 5 years, diphtheria causes more deaths than all the other infectious diseases. Scarlet fever has a high mortality. From 5 to 10 years the mortality from diphtheria is high. Measles loses its virulence as the child grows older. From 10 to 15, whooping cough causes practically no deaths; diphtheria is still dangerous; scarlet fever has a low mortality. From 15 to 20, fatalities are very few with the exception of typhoid fever. The death rate from this disease increases from early childhood up to maturity.

This paper was of such general interest that the society voted to have it published in the local newspapers.

Dr. Fred H. Albee gave an address with moving pictures on "Bone Surgery." He stated that in comminuted fractures the common error is made of removing too much bone. He advocated the use of the kangaroo tendon, which disappears in forty days. The pictures were most realistic, showing the wonderful results obtained from bone grafting, as well as the most marvelous surgical technique.

At the business meeting following the program, the society voted to invest its surplus money in Liberty Bonds.

BERGEN COUNTY.

Ralph S. Cone, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in the Union League Club, Hackensack, on Tuesday, April 9th. President F. S. Hallett in the chair. Ten members were present. One new member was elected.

The attendance was small because of the failure of a majority of the members to receive their notices of the meeting on time, an occurrence which was largely the secretary's fault, but also partly due to a delay in sending out the mail on the part of the local post office.

The scientific program of the evening consisted of a paper entitled "Relation of Gastric Ulcer to Gastric Cancer," which was read by Dr. John Douglas of New York City. Some of the interesting points he emphasized were that the constitutional symptoms of carcinoma are of no value from a diagnostic standpoint with reference to surgical measures, as such are of no avail if the growths are sufficiently advanced to have produced the characteristic symptoms of malignancy; that ulcer

commonly precedes carcinoma; that all gastric ulcers should be regarded as potential carcinomata; that many cases present no symptoms until well advanced; that a very large percentage of cases, however, of gastric ulcer never develop carcinoma; that carcinoma of the stomach is rare before the age of 30; that one-third of all carcinomatous growths are located in the stomach; that operative procedures are most successful upon growths located at or near the pylorus and that many cases of supposed incipient gastric carcinoma, according to many late opinions, are not of malignant nature if they are found to undergo retrogression when the cause of the irritation which has produced them is removed.

After a discussion of the paper a vote of thanks was extended to Dr. Douglas and an apology made for the small attendance.

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

The regular meeting of the Burlington County Medical Society was held at the Pigeon Whistle Inn, Brown's-Mills-in-the-Pines, on Wednesday, April 10th, at 12.30 P. M.

After the transaction of the regular routine business, Dr. Ross V. Patterson gave a most interesting address on "Auricular Fibrillation." Dr. Patterson made his talk very interesting by drawings and charts, giving heart rate and pulse rate, with special action, on the nerve centers and bundle of His; especially the action of different doses and preparations of digitalis.

Dr. Elmer H. Funk of Philadelphia, who was to have read a paper on "The Diagnostic Significance of Pain in the Chest" was unable to attend the meeting on account of illness.

A letter from the county vice chairman of the National Women's Liberty Loan Committee was read, stating the Women's Burlington County Liberty Loan Committee is trying to make a great drive for the county allotment and is trying to reach everybody, both men and women, with a view of urging them to buy bonds, on either the instalment plan or direct payment. The letter asked that the members of the Medical Society would not only purchase bonds themselves, but urge those in their community to do likewise.

As the day was very stormy we did not have our usual number in attendance, but very much enjoyed having Mrs. Mulford and Mrs. Remer as our guests.

CUMBERLAND COUNTY.

S. F. Day, M. D. Reporter.

The regular stated meeting of the Cumberland County Medical Society was held at the State Institution for Feeble-Minded Women in Vineland Tuesday afternoon, April 2, 1918.

Dr. G. B. Massey of Philadelphia read a very instructive paper on "Electrodiagnosis in Industrial Accidents, War Wounds and Afflictions of the Motor Apparatus."

The discussion of the paper was opened by Dr. G. E. Day of Collingswood.

Upon the unanimous request of the society, Dr. Massey submitted a copy of his paper to be published in our State Journal.

Dr. Reading of Woodbury represented the Gloucester County Society, while Dr. Van Sciver and Dr. Day represented Camden County.

Following the meeting of the society the

doctors and their wives inspected the institution and much praise was expressed of Dr. Hallowell's management.

A delicious luncheon was served.

ESSEX COUNTY.

Richard J. Brown, M. D., Reporter.

The regular scientific meeting of the Essex County Medical Society was held at the Board of Health rooms, corner William and Plane streets, Newark. Major Ralph Hunt in the chair.

Dr. Martin H. Fischer of Cincinnati gave the paper of the evening. His subject was "The Medical and Surgical Aspects of Coma."

Different mechanisms brings about different kinds of coma. They may be divided into three groups. Those due to: (1) Injury; (2) intoxication; (3) those associated with kidney diseases.

(1) We have many injuries especially to the head, where the brain is ruptured, attended with hemorrhage, but the subtler type, where the injury is not so severe, where the patient comes and tells us of injury, and in a few hours he becomes drowsy, finally going into coma, is the more interesting. In many cases at autopsy, there is no hemorrhage, but an edema of the brain, due to shock with rupture of blood vessels, and circulation interfered with, where one is impined on due to swelling. This is caused by lack of oxygen and production in those tissues of lactic acid, etc., and the brain sucks in water, and begins to swell and rapidly shuts off its own circulation. In 1861, it was discovered that when the intracranial pressure equals the carotid pressure, the patient dies. The amount of swelling needed to get this pressure may be due to only a small amount of acid. When the swelling equals 8% of the total weight of the brain the patient dies.

(2) Due to intoxication, especially diabetes. We have the same coma as in injury to the head. We again have an acid intoxication of the brain with production of diacetic acid, acetone, etc. The diabetic really chloroforms himself to death. The body consists of carbohydrates, fats, proteids, salts, water. The burning of these yields as end products chiefly CO_2 and H_2O . In diabetes the fats do not burn to these end-products, except as they burn in the presence of sugar. We can burn four times as many molecules of fat as sugar. We therefore get besides CO_2 and H_2O acetone, diacetic acid, etc. Ordinarily in diabetes there must be a reduction of sugar in the urine. This depends on how much sugar the patient can burn. Cut carbohydrates out of his diet, and he may be sugar free, but may not have enough sugar to properly burn the fat, which means acetone production, which kills the patient. With sugar added to his diet he may have his symptoms relieved by direct dehydration. A patient starved of carbohydrates cannot utilize fats and becomes acidose. They become comatose and may die. Anesthetics produce great amounts of acid in the body and therefore in preparation of patient for operation by starving them, we often place them in the worst condition. Therefore to avoid acid compounds see that they are not in the urine before we operate. They are especially present in carcinoma, metallic poisonings and inad-

quate feeding. The speaker advised that patients be fed to within six hours of operation to insure a great carbohydrate reserve. Feed loads of alkalies to meet the acid products, neutralize the urine and even alkalinize it. Brain and medullary oedema are rendered less by this method. In arteriosclerosis, heart disease, etc., we must feed the patient, give alkali to increase reserve, and then give K. I. which is a greater dehydrator of swollen tissues. The patient must be protected ahead.

(3) Those associated with kidney diseases. The coma is not of nephritis. When we cut out the kidneys of animals or patients there is no oedema, no swelling. They lose weight and die quietly. They are not uremic. Or give an animal arsenic or mercury, and get an acute nephritis which causes an oedema, to convulsions, to come, but this is not due to kidney loss, as they may still excrete much urine—a picture of what is happening in eclampsia. Uremia is an oedema of the brain. In a pregnant woman, a little nausea, and vomiting and headache is a forerunner of coma. In chronic interstitial nephritis, we think they are uremic, but they are not. It is primarily arteriosclerosis. It is not loss of function of kidney which gives pain in the head. Dogs can live years with one-half of one kidney left and functioning. The heart enlarges, the arteries narrow, and the amount of blood to the brain is inadequate. We, therefore, get oedema of the head which gives headache. The patient wakes up dizzy, dopy, cannot think quickly. Add to this a poisoning, and this is a case of acute oedema, and he becomes stuporous, to coma, to convulsions, to death. The amount of urea in the urine does not tell you anything unless you know how much went into the patient to make that amount of urea. If oedema of the brain is reduced the patient will wake up. The first sign of swelling of the brain is headache, therefore headache should not be dismissed as nothing. Nausea is oedema of the medulla even in the first month of pregnancy. We may get mental disturbances. There are eye symptoms in those conditions where the brain is swollen and impinged on and gives oedema of the retina, or choked swelling, but you may get this without any cerebral oedema. Medullary symptoms are nausea and vomiting. Respiratory disturbances come later with Cheyne-Stokes breathing. The slow breathers die. Increased blood pressure means increased intracranial pressure, but vascular diseases must be eliminated before we say it is due to brain swelling.

The treatment is the same but the prognosis is not. First diagnose. Because the brain is swelling we give it room. Spinal puncture helps very much. Trephining also. Reduce the swelling from within. Give alkali intravenously or by rectum. By rectum give one ounce of sodium bicarbonate in two quarts of warm water, and inject it as an enema. Repeat in one hour for four to six hours, until the urine or saliva is alkaline. Analyze the urine to make sure you have no acid products. One tone. Forty-five per cent dextrose of glucose solution may be used. Give 100 c.c. slowly. Repeat 10 times in 24 hours. Give them a pound of sugar a day. Give them candy or orange juice with a half-ounce of milk sugar. It is better to give dextrose intravenously, but

do not mix with alkali because formic acid is formed. Magnesium sulphate, saturated solution, by stomach is a powerful dehydrating agent. This can also be given intravenously 2½ per cent. A sterile solution (of 200 to 400 c.c.) should take one-half hour to give.

The paper was discussed by Drs. Harvey, Sutphen, Newton, Wrightson, Teimer and Gray.

HUDSON COUNTY.

Howard S. Forman, M. D., Reporter.

The seventh regular meeting for the season of the Hudson County Medical Society was held at the Carteret Club, April 2, 1918.

After the approval of the minutes of the previous meeting Dr. Nelson moved that a copy of the motion, previously carried by the society, relative to paying one-half of the fees collected from patients belonging to men who have gone to war, to them or their families, should be mailed to each member of the society.

A communication was read from U. S. Senator David Baird stating his promise to support the Owen and Dwyer bills.

The society then listened to a very interesting paper on "Diagnosis and Treatment of Chronic Dilatation of the Duodenum" by Dr. Edwin W. Kellogg of New York City, illustrated by lantern slides.

After a vote of thanks to him the society adjourned.

At the regular meeting of the Hudson County Society, held May 1st, 1917, the following resolution was adopted:

Resolved, That the Hudson County Medical Society recognizes the patriotism of those members of the society who volunteer for the services of the U. S. Government, and in appreciation of this, we recommend that, should these members of the society be called into active service, the doctor who shall attend their patients should turn over one-half of the fees collected from such patients, to the physician in active service or his family.

MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter.

The monthly meeting of the Middlesex County Medical Society was held in the Perth Amboy Hospital April 17. In the absence of the president and vice-president, Dr. D. C. English was elected chairman.

Dr. Charles I. Silk of Perth Amboy read an able paper on "Tuberculosis," in which he dwelt on the need of more efficient and earnest methods for its prevention and control. It was discussed by Drs. Urbanski, Hoffman and Merrill.

Dr. Merrill from the Committee on the Workingmen's Compensation Law spoke on the need of concerted action for its amendment and said that Dr. Howley, the chairman, had expected to be present and report; that he would do so at the next meeting.

Dr. English in a few words thanked the society for the complimentary dinner given him on March 22 in recognition of his fiftieth anniversary in the practice of medicine.

The Partnership of Genius and Labor.—Genius begins great works; labor alone finishes them.—Joseph Joubert.

Local Medical Societies.

St. Michael's Hospital Staff, Newark.

Lloyd C. Stickles, M. D., Secretary.

A meeting of the staff of St. Michael's Hospital, Newark, N. J., was held April 4, 1918. The following members were present: Drs. E. J. Ill, A. A. Strasser, J. F. Hagerty, J. L. Fewsmith, J. W. Gray, D. B. Gershenfeld, W. P. Patterson, C. V. R. Bumsted, Wm. F. Keim, Theo. W. Corwin, H. W. Long, J. I. Fort, C. L. O'Neill, L. C. Stickles.

Dr. Hagerty—Case 1.—A man with a large, hard swelling over the head of the fibula of two years' duration. Diagnosis sarcoma of the head of the fibula.

Those present agreed with the diagnosis and the question of treatment was taken up. The use of Coley's fluid was suggested and a trial of it advised. This not giving a favorable result amputation would be the only other method, and this amputation should be high.

Case 2.—Exophthalmic goiter in the male. Dr. Hagerty spoke of the rarity of exophthalmic goiters in the male, the proportion of males affected to females being one to ten. This case being of interest in that it presented no tachycardia and no loss of weight, in fact this case had gained in weight. The enlargement of the gland, the tremor, nervousness and thirst were evident. Dr. Hagerty spoke of the prominence of thirst as a symptom of severe thyroid poisoning. He advised drainage in operations upon goiter. Dr. Hagerty has observed that goiters appearing in later life seem to have a tendency to increase rapidly.

In the discussion Dr. E. J. Ill agreed with Dr. Hagerty in draining goiter cases and also in draining all cases where a large area of raw tissue had been exposed. Dr. Ill said he always drained his breast amputation cases.

Case 3.—Case of goiter with torticollis. In this case Dr. Hagerty in addition to operating upon the goiter divided the sternal and clavicular portions of the sterno-cleido-mastoid muscle with marked improvement of the torticollis.

Dr. W. F. Keim.—Operation for "saddle-back" nose. Dr. Keim showed photographs of the patient taken before and after the operation. The collapse of the bridge of the nose followed an abscess of the septum which developed from a cold. Dr. Keim used the operation devised by Carter of New York in which a piece of the ninth rib was transplanted. This splint was one-quarter of an inch wide with the periosteum on the outside. The splint was inserted after the loose tissues of the nose had been freed on the inside. The result was very good.

Dr. Fort.—Case 1.—A case which upon examination showed tenderness and a mass in the lower right quadrant simulating an attack of suppurative appendicitis. The autopsy showed a mesenteric thrombosis. Cause unknown.

Case 2.—Intense pain in the arm with oedema of the forearm. The first x-ray was negative, but one taken four months later showed an osteomyelitis of the humerus. Treatment. Amputation of the arm disarticulation at the shoulder joint. A septic condition developed followed by death of the patient.

Case 3.—Case of osteomyelitis following "grippe."

Dr. Joseph L. Fewsmith.—Dr. Fewsmith reported seventy-two cases on his surgical service for the month of March, saying that forty-two of this number required some form of operation—nearly sixty per cent.

Case 1.—Gangrene of the leg from thrombosis of the artery following a blow on the thigh. Amputation with good result.

Case 2.—Fracture of forearm. Bone ends replaced by open operation giving practically perfect result.

Case 3.—Dislocation of inner end of clavicle. The skin was incised, dislocation reduced and held in place by kangaroo tendon sutures through the ligament.

Case 4.—Perforating ulcer on the posterior wall of the stomach.

Dr. C. V. R. Bumsted—Case 1.—Consolidation of both lobes of the lung in pneumonia—a staphylococcus pneumonia, followed by a nephritis.

Dr. Bumsted stated that one per cent. of pneumonia developed a nephritis. This nephritis resembled a nephritis caused by bichloride poisoning with degeneration in the convoluted tubules.

Dr. John Gray—Case 1.—Ruptured dermoid cyst.

Dr. E. J. Ill stated that the fluid of a dermoid cyst seemed to be very poisonous and the escape of the fluid of one into the abdominal cavity during removal was attended with danger to the patient. They should be removed entire.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Thursday, April 25, 1918, at 8.30 P. M., Dr. Hamill entertaining, and Dr. Rockwell presiding. Present—Drs. Bebout, Bowles, Campbell, Dengler, English, Hamill, Jaquith, Kay, Kenney, Krauss, Lamson, Meigh, Moister, Morris, O'Reilly, Pollard, Prout, Rockwell, Smalley, Tator and Tweddell, and the following guests: Dr. Mial of Morristown, and Drs. Grier and Livengood of Elizabeth.

The usual order of business was dispensed with, and the Society had the pleasure of listening to an address by Dr. Barton Cooke Hirst of Philadelphia. Dr. Hirst called attention to the very large percentage of cases of lack of perineal support and function which occur in the practice of every gynecologist. Out of 8,000 cases of his own, 4,000 presented symptoms of this complaint, and he has come to the conclusion that immediate repair after labor is neither wise nor practical. For the last fifteen years he has not made any primary repairs, but waits until the fifth day after confinement, when a thorough and satisfactory repair of the perineal body or cervix can be made. In this way he has avoided any "come-backs" in the shape of perineal symptoms subsequently.

He described the technique of the operation which he performs for such plastic work, and illustrated the different steps of the operation by lantern slides. Successful work demands a thorough knowledge of the anatomy, of just what damage has been done, and a careful re-

pair of each defect. He also described an operation perfected by himself for retroversion. There are fifty-one different operations for this condition, each of which is liable to show a recurrence of symptoms after a subsequent labor. By his operation the uterus remains firmly in place, and the malposition is permanently relieved.

A hearty vote of thanks was tendered Dr. Hirst for his address.

Adjourned and refreshments were served.

Notices of Meetings.

American Association for Promoting Hygiene and Public Baths.

Acting President Harvey of the Medical Society of New Jersey has appointed the following delegates to represent the State Society at the convention of the American Association for Promoting Hygiene and Public Baths to be held in Newark, May 15, 1918:

Drs. P. Marvel, Atlantic City; A. MacAlister, Camden; Thos. P. Prout, Summit; D. E. Drake, New Foundland; Theo. W. Corwin, Newark, and T. N. Gray, East Orange.

MEDICAL SOCIETY OF NEW JERSEY, 152nd ANNUAL MEETING JUNE 25, 26, 1918. NEW MONMOUTH HOTEL, SPRING LAKE, N. J. SEE PAGE 161.

AMERICAN MEDICAL ASSOCIATION. THE SIXTY-NINTH ANNUAL MEETING IN CHICAGO, ILL., JUNE 10-14, 1918. THERE WILL BE A SERIES OF CLINICS FOR THE FELLOWS OF THE ASSOCIATION BEGINNING ON THURSDAY OF THE WEEK PRECEDING AND CONTINUING UP TO THE TUESDAY EVE OF THE CONVENTION WEEK.

Academy of Medicine of Northern New Jersey.

The stated meeting will be held May 15th at 8.45 P. M. After regular business Dr. Richard N. Connolly, the retiring acting president, will present a paper. A second paper will be read which will be announced by postal card.

The Section on Medicine and Pediatrics will meet Tuesday, May 14th, at 8.45 P. M. There will be reports of cases. After adjournment a collation will be served.

The Section on Eye, Ear, Nose and Throat will meet Monday, May 27th, at 8.45 P. M. After reports of cases a paper will be presented—author and subject to be announced by section postal card.

The Sections on Surgery and Obstetrics and Gynecology will meet under the auspices of the Section on Surgery, Tuesday, May 28th, at 8.45 P. M. After business, including election of officers a paper will be presented—author and subject to be announced on postal card.

The Program Committees of the Academy and of the various Sections have found it difficult, almost impossible, to announce in advance the "Essayist" and the "Titles of Paper" for many of our meetings, due, as all are aware, to the interest of our profession in answering "The Call of Our Country;" therefore, as far as possible, the programs for the meetings of

the Academy and the various Sections will be announced on the postal cards issued just prior to the meetings.

Miscellaneous Items.

New Section of College of Physicians.—The College of Physicians, Philadelphia, has organized a section on industrial medicine and public health, which will hold meetings in October, December, February and April of each year.

The Law and the Nurses.

The following is a communication from Dr. G. K. Dickinson, Jersey City, to The New York Times:

The nurse problem reminds one very much of the railroad problem. There has been too much law put on the nurses as well as on the railroads. If the railroads had not been over-taxed facilities these days would be more satisfactory.

The tendency is to put the law on the young girl in her home and prohibit her trying to become a nurse, in a sense penalizing the entrance to the profession. In this democratic country, feeling the stress of the last straw, the law should be taken from the source and put on the hospitals. Hospitals should be lifted to a high standard, and the training schools associated with them should also be standardized. There should be a common sense curriculum, not of brain stuffing but ward training, of two years only. There should be a complete inspection made and publicity given to the reports of these inspections.

The law should make nurses to help the sick, not to accommodate institutions and factories. The New Jersey Legislature this year had an act presented, copied largely after the present Pennsylvania law, covering the above points. It was killed by the nurses, who are now in power.

Physicians do not ask for the "R. N." but they do ask for competency, and the public ought to ask for competency, and the public ought to ask that every young woman desiring to become a nurse should be given the opportunity to try.

G. K. Dickinson.
Chairman New Jersey State Committee on Hospital Standardization.

"The Sacrifices we are exacting of the noble American boys who are going to the bloody fields of France for the lives and liberty of us who stay at home call to us with an irresistible appeal to support them with our most earnest efforts in the work we must do at home."—Secretary McAdoo.

Don't believe half the lies you hear about your brother doctor anyhow. Patients seem to delight in telling stuff about "the other doctor." Just go ahead, do the best work possible and keep your equanimity and you will come out all right.—Bulletin, Lawrence, Pa.

Heredity.—The qualities and achievements of nations are due less to governments than to grandmothers.—E. G. Conklin, Yale Review.

Continued on page 171.

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Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured. If,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

THE 152nd ANNUAL MEETING

OF THE

Medical Society of New Jersey

WILL BE HELD IN THE

NEW MONMOUTH HOTEL

SPRING LAKE

June 25th and 26th, 1918

PRELIMINARY PROGRAM, 152d ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY.

Monday Evening, June 24, 1918, the Board of Trustees will meet in the New Monmouth Hotel, Spring Lake, 8 P. M.

TUESDAY, JUNE 25th, 1918.

10 o'clock A. M., Meeting of the House of Delegates—Business Session.

2.30 P. M., Meeting of House of Delegates

3.30 P. M., Scientific Session.

1st Paper—"The Involuntary Nervous System and Organ Therapy," John Rogers, M. D., New York City. Paper will be discussed by —

2nd Paper—"The Physician's Responsi-

bility in Maternal and Infant Welfare and Mortality," Philip Marvel, M. D., Atlantic City. Paper will be discussed by Drs. Alex. Marcy Jr., Riverton; E. H. Harvey, Atlantic City; Geo. H. Sexsmith, Bayonne.

3rd Paper—"Acidosis in Infants," Julius Levy, M. D., Newark. Paper will be discussed by Drs. Theodore Teimer, Newark; Arthur Stern, Elizabeth.

8 o'clock P. M.

Address of the President—William G. Schauffler, M. D., Lieut.-Col. M. R. C.

Oration in Surgery—Dr. George David Stewart, New York City.

WEDNESDAY, JUNE 26th, 1918.

9.30 A. M., Meeting of the House of Delegates.

10.30 A. M., General Session.

1st Paper—"The Prostate Question." Conditions governing the advisability of operation. The value of an absolutely correct diagnosis. A consideration of the clinical findings. The value and methods of pre-operative treatment. The blood chemistry as a prognostic element. The various step-methods of operation vs. the one-stage method. Perineal vs. suprapubic enucleation. Post-operative care and complications. Stanley R. Woodruff, M. D., Bayonne. Paper will be discussed by Drs. C. R. O'Crowley, Newark; Wm. Friele, Jersey City.

2nd Paper—"The Duty of the Family Physician to the Patient Suffering from Headache and Eye Strain," Dr. Linn Emerson, Orange. Paper will be discussed by Drs. J. H. Bradshaw, Orange; A. W. Bingham, East Orange; B. B. Ranson, Maplewood.

Patriotic Address—Joseph Macdonald, Major M. R. C.

2.30 o'clock P. M., Meeting of the House of Delegates, Election of Officers, Etc.

3.30 P. M., Scientific Session.

Address of the Third Vice-President—Philander A. Harris, M. D., Paterson.

Oration in Medicine—Dr. M. Allen Starr, New York City.

Talk by Prof. J. M. Baldy, M. D., of Philadelphia.

7.30 o'clock P. M.

Banquet with addresses.

The following is the Committee of Arrangements for the annual meeting: Drs. S. R. Knight, chairman, Spring Lake; Ed-

win Field, Red Bank; W. A. Robinson, Ocean Grove; with ex-officio members, Lt.-Col. W. G. Schauffler, Lakewood; Thomas N. Gray, East Orange.

QUESTIONNAIRE FOR DOCTORS.

So that the status of the medical profession can be obtained and a knowledge thereof formed of the available medical force at the command of the Surgeon-General when needed a questionnaire will soon be sent out by the Medical Examining Board, M. R. C., Newark, to each doctor in the State of New Jersey.

It is hoped that immediate attention will be given to this questionnaire and the answers as requested will be fully given and the report promptly returned to the Examining Board.

AN IMPERATIVE APPEAL FOR MEDICAL OFFICERS.

An urgent and imperative appeal has just been issued by the Surgeon-General of the United States Army, for doctors for the Medical Reserve Corps. There are today, 15,174 officers of the Medical Reserve Corps on active duty and the Medical Department has reached the limit of medical officers at the present time available for assignment. With these facts before the medical profession of this country, we believe that every doctor who is physically qualified for service between the ages of 21 and 55 years, will come forward now and apply for a commission in the Medical Reserve Corps.

The Surgeon-General says: "So far the United States has been involved only in the preparatory phase of this war. We are now about to enter upon the active or fighting phase, which will make enormous demands upon the resources of the country." The conservation of these resources, especially that of man-power, depends entirely upon an adequate medical service. Drafts of men will continually follow drafts, each of which will require its proportionate number of medical officers and there are at this time on the available list of the Medical Reserve Corps an insufficient number to meet the demands of these drafts.

The real necessity for the complete mobilization of the entire profession is imperative. It is not a question of a few hundred men volunteering for service, but of the mobilization of the profession for the conservation of the resources of this country. Let every doctor who reads this editorial and appeal from the Surgeon-General,

which appeal is based upon dire necessity, act promptly and present his application for a commission in the Medical Reserve Corps at the nearest Medical Examining Board. If you are not informed of the location of your Board, the Editor of this Journal will advise you.

THE MEDICAL PROFESSION'S PATRIOTISM.

Secretary of the Treasury McAdoo, in a recent letter to the N. Y. Medical Journal, says: "The medical profession of America has made a splendid record in volunteering for service in the army and navy and in volunteering for work on the exemption and advisory medical boards. Those of you who have to stay at home can also serve by subscribing to the Liberty Loan."

Twenty-two thousand three hundred and nine doctors have been recommended by the Surgeon-General to the Adjutant-General's office for commissions in the Medical Reserve Corps—more than 15 per cent. of the doctors of the country. Some of these have not yet been commissioned, and about a thousand who were called to active duty have been obliged to leave the service because of illness, accident or other justifiable reasons. The Surgeon-General's report for March 22 gave a total of 18,138 officers in the Medical Reserve Corps, and of those 14,911 were on active duty and later reports indicate that the officers are being called to active duty in greater numbers than they are being admitted to the Reserve Corps.

While there seems to be enough to meet the present demands, it is certain that in the near future with an increasing army, and especially after the coming draft, there will be a demand for several thousand additional medical officers.

The medical profession has indeed made a "splendid record in the volunteering for service in the army and navy *and there will continue to be responses according to the country's need.* Our doctors were in service "overseas" long before the United States declared war; they will be needed long after the war ends to help repair its damages.

Those who are obliged to stay at home will not only show their patriotism by serving on exemption and advisory boards without remuneration; in giving generous and faithful service in protecting and caring for the practice of their fellow members who have gone to the front; in giving, as

needed, skillful attendance and care to the loved ones the boys have left at home and to the returning sick and wounded soldiers; in doing their full share in buying Liberty Bonds, and in all other possible ways, sustaining the government.

Dr. Abraham Jacobi, the Nestor of American medicine, and one whom we are honored in having as an honorary member of our Society, in an excellent article in the N. Y. Medical Journal, April 27, says: "The medical profession of the United States has responded to the call for volunteers in the army in a way that must be a source of pride to every American doctor." Our members will sympathize with and endorse his words in closing, as follows: "As one of the revolutionists of 1848, one of those who hoped to bring about the destruction of autocracy and the establishment of democracy in Germany seventy years ago, this great world war makes a specially powerful appeal to me. When I recall all those brilliant, unselfish, patriotic youths who gave up their lives for their country in the futile effort to overthrow Prussian militarism at that time, I wish that Carl Schurz and hundreds of others might have lived, as I still hope to live, to see Prussian militarism and hypocrisy stamped out once for all, even though it has spread and grown in strength for full seventy years.

Long live my country and yours! Long live America!"

FALSE PATRIOTISM.

The following views expressed in an editorial in the Indiana State Medical Society Journal apply with equal force in New Jersey:

Practically all of the county medical societies of the State went on record as agreeing to do two things for those of their membership who went into military service. First, to take care of the practices of the absent members and turn over a percentage of the collections from such practice to the absent members or their families. Second, to pay the county and State association medical dues of the members in military service. Both of these promises can and should be kept. In the second place we know that in every section of the State the doctors are busier now than they ever have been before, and it is very selfish for them to neglect to account for a small percentage of the increased income derived from patients who ordinarily would go to the doctors in military service, as it also is extremely selfish to decline to pay the county and

State medical association dues of members whose patriotism probably has been a source of personal gain to those who have remained at home. There isn't a doctor in Indiana to-day, out of military service, who has not financially profited as a direct result of the absence of so many confreres who have accepted military service. While it may be true that the doctors at home are purchasing Liberty Bonds and contributing liberally to the Red Cross, Army Y. M. C. A., and other patriotic movements, yet they are not in reality contributing a tenth part what the average doctors in military service is contributing through the loss of the major portion of his income as a result of absence from his practice. Aside from all this the doctors at home should show a great deal of professional courtesy to the confrere who has made such great sacrifices in responding to the call of the country for war service; and those who are serving the country have a right to expect that they will not only be treated fairly but liberally by their confreres at home. * * * It is bad enough for doctors to be slackers, and there certainly are some of them in Indiana as well as in other States, but it is ten times worse to be not only a slacker but take advantage of brother physicians who are not only patriotic but who are making great sacrifices in an endeavor to serve the country in its hour of need.

STAND BEHIND THE BOYS.

How many doctors have applied this now very expressive phrase to themselves? There is nothing that puts more heart and gives so much confidence to a soldier in the thick of a fight, than the thought that if he does suffer a casualty, he will receive proper medical care and attention. What are you doing in this respect?

There are many boys, sons of your patients or friends who have been or will be called into the service, and what a source of consolation it would be to the parents to know that possibly their own doctor might be the one to look after their boy and they will welcome your acceptance of a commission in the Medical Reserve Corps and compliment you for so doing.

The opportunity for you to do the most good in a professional way to the greatest number of people, is to offer your service to your country through the Medical Reserve Corps. Do not think longer about it, but apply at once to your nearest Medical Examining Board, and if you are not in-

formed of its locality, the Editor of this Journal will supply the necessary information.

STAND BY OUR BOYS, YOUR BOYS, THEIR BOYS. Remember the gallant *French in '76. The British who stood by Dewey in 1898. The Garibaldis who were always for LIBERTY.*

The rapid expansion of the army calls for a largely expanded Medical Reserve Corps. The Surgeon-General has issued a most earnest appeal for doctors. The Department has reached the limit of medical officers available for assignment.

KEEP ABREAST THE TIMES.

You, as an individual doctor, have a responsibility that is broad in scope. It extends beyond the bounds prescribed by law—to exercise an average amount of skill and judgment governed by the practice of the particular community in which you reside. Were every physician to only exert himself to that extent the advancements that have been and are being recorded would not occur. It is incumbent on every physician to endeavor to rise to a degree of greater ability and cause himself to remain ever abreast with the universal progress of his profession. The demands of active practice oft impose a barrier and single handed he is defeated in the attempt to acquire practical knowledge and ability to apply the new and proven methods of modern investigations. There is, however, within the reach of every physician a medium whereby he may surmount this barrier. That medium is his county medical society. By actively participating in its deliberations and the attendance at every meeting the opportunity is provided by means of which one acquires the ability to veer from habit's rut and step up into a larger sphere of modern usefulness. Thus will you grow.—*Jour. Mich. State Med. Society.*

WHY PHYSICIANS SHOULD JOIN THE COUNTY MEDICAL SOCIETY.

Every reputable physician in the city of Philadelphia should be a member of the county medical society; it is the unit of the State and national organizations—the Medical Society of the State of Pennsylvania and the American Medical Association—and represents the scientific and fraternal spirit of the profession in the broadest and highest sense. The aims for which the medical profession is striving—improve-

ment in the hygienic and sociologic conditions of the people, and the scientific and material status of physicians—can be achieved only by united effort. Our influence as a society is in large measure in proportion to our numeric strength. A physician working individually can do much good; but he will accomplish far more if he adds his strength and influence to those of his colleagues. From this point of view, it is every man's duty to join the county society if his professional reputation is such as to entitle him to membership therein. Among the many important subjects at this time under discussion by the society, with a view to reform, the following may be mentioned: Abortionists, illegal practitioners, newspaper advertising by physicians, medical charities abuse, nostrum prescribing, division of fees, questionable modes of practice, unjust fee-cutting, club practice abuse. No respectable physician having the good of the profession and the welfare of the public at heart can be indifferent to these matters.—*Weekly Roster, Philadelphia.*

WHY NOT JOIN THE UNION?

Why should not doctors form a labor union—an eight-hour day, double pay for overtime, nights, Sundays and holidays?

Our guess would be that those people advocating an eight-hour nursing bill and a compulsory health insurance bill—people who are ignorant of health matters, but who, nevertheless, are constantly forcing their ill-advised notions upon legislators—would be the first to complain of such an injustice. It would almost be worth the price to hear the noise.—*Illinois Med. Jour.*

FREEDOM OF SPEECH ABUSED.

Not a few people in this country, and some of them occupying high positions in the control of government affairs, are doing some talking that is nothing less than traitorous in character. In fact, we believe that freedom of speech is not only being abused, but the real feelings of some people who are antagonistic to the best interests of this country are being expressed too freely for the good of all concerned. There is one way and one way only to deal with traitors—they should be backed up against a wall and shot. The funerals of a few traitors will go a long way toward stirring up a little more active support of the flag and what it represents. And while we are on this subject, we are reminded that while they are

rare, yet there are a few doctors who are traitors in every sense of the word, and they, too, deserve the "cold lead treatment."—Indiana State Med. Jour.

We are glad to express our belief that the Medical Society of New Jersey has no such doctors on its roll and that its officers and members desire none such, though they do desire that every reputable, loyal doctor in the State shall be enrolled.

DEPARTMENTS OF HEALTH.

If there is one department more than another of the city's or State's administration that should be free from all political dictation and control and be under the care of well-trained, expert, leaders, it is the health department. Trifling with the health and lives of the people by politicians ought to be considered as a criminal offence and there should be adequate law for its prevention and when attempted, its defeat and punishment.

New York City has, during the past few years, had one of the best departments of health in the country under the direction of such able experts as Drs. Biggs, Emerson, Goldwater, Amster and Jacobi. The recent order for the dismissal of the expert directors of the special bureaus of the department and the demand for the dismissal of Dr. Jacobi from the Commissioner's advisory council, is a serious menace to the health interests of the city. Dr. Amster, in his letter to Hylan, says: "The public health should not be sacrificed * * and rather than participate in any policy * * which might jeopardize the health and welfare of this community, it would be better that my resignation be tendered."

As the N. Y. Tribune, editorially, says: "All these things imply either a lamentable ignorance of the value and importance of the community's health and the means by which it is protected or a shocking disregard of its vital importance."

If there are in New York, in the cities of New Jersey or elsewhere, faulty methods of work or laxity in their carrying out proper methods—and it is not claimed that perfection has been attained anywhere—there are ways of changing methods and of securing better work that are saner, safer, more conducive to the public good, because less obstructive and delaying, than by hasty and unjust criticism and condemnation and the discharge of able and conscientious men who have wrought well in the past and have been earnestly seeking better administrative methods for best possible results.

In all matters affecting the public welfare constructive rather than destructive criticism is needed, and final decision by the authorities having control should be based on the judgment of men well trained—theoretically and practically—in the special department of work under consideration.

The Supreme Court of Illinois last month rendered a decision affirming the legality of the American Medical Association's holding meetings and electing officers outside of the State of Illinois. The legal contention was that the A. M. A. having been incorporated under the laws of Illinois such meetings and elections must be held within the bounds of that State. The decision is important not only to the A. M. A., but also to all organizations incorporated under the laws of any State governing corporations "not for profit."

CONCERNING MANUSCRIPT FOR PUBLICATION.

We insert the following, taken from the Journal of the Iowa State Medical Society, and commend it to the careful consideration of authors who send us papers for insertion in our Journal. We are always glad to receive carefully prepared and practical papers and reports of interesting cases, and give them such editorial care, in correction of errors and the making clear indistinct interlineations as we are able to do, to avoid injustice to authors, but sometimes it is difficult if not impossible.—Editor.

If every doctor had even a very limited experience as an editor of a medical journal, he would appreciate the trials and tribulations of one of the species. The greatest burden which an editor has to bear is caused by the carelessness of those who submit papers for publication. It is quite incomprehensible that a physician who considers that he knows enough to write a paper should write it in language which is obscure, ungrammatical, and frequently not even English of a school boy sort. If the editor allowed some papers to be published without almost rewriting them, the journal would be a laughing stock among the profession. Often, too, when a paper has to be largely rewritten because of the involved sentences or lack of proper sentence construction, the author charges that his meaning was twisted. There is only one remedy for that situation. Let authors write their papers in correct English and they will have no cause for complaint against an editor.

An editor expects to read over every paper and put it in form for printing, but he should not be called upon to write the author's paper from the title to the conclusion—(Wisconsin State Medical Journal.)

Something like the above we have had in mind for some time, but felt a little timid in

saying it. As, however, one of our neighbors has broken the ice, we feel that we can express our approval of the above statement of facts. Many papers come to us showing not want of education so much as the want of care in preparing the papers for publication. If we should undertake to publish a photograph of a member that made him look as ridiculous as his papers would look, if they were printed as they come to us, the owner of the picture would be highly indignant. Some of the papers that come to us which have been type-written, have the lines so close together that we have some difficulty in following them, and we do not dare always to trust them to the printers for fear they will get it as badly mixed up as we do. It not infrequently requires several hours of time to determine just what the author of a paper meant, and then some time in eliminating capital letters. Apparently many medical men think that every medical word should begin with a capital. It is apparently overlooked that common nouns generally commence with a small letter instead of a capital, and yet we often find scarlet fever, measles, diphtheria, etc., beginning with a capital. We very frequently find x-ray beginning with a capital "x" and in examining many of the State journals, we find the capital "x" is frequently used in the middle of a sentence. If one will consult recent dictionaries or observe the text of papers published in our leading journals, they will be convinced that "x-ray" should begin with a small "x."

We sometimes find punctuation marks placed in such a way as to destroy the meaning of a sentence, and it becomes necessary for us to read a paragraph or two after the punctuation mark to get it into our mind what the author was trying to say, and we frequently find that the writer of a paper spells the words as they sound to him without regard to how they are spelled in the various dictionaries.

We often find phrases employed that mar the dignity of the production, and while they may do on the street, they do not look well in a medical journal. We think that much of this could be avoided by more care on the part of the writer. Some papers come to us written by men whom we know have never received the advantage of a college education, that are admirable in the care of composition and correction, and on the other hand, we find men whom we know to be graduates from literary institutions of some considerable merit that we approach with dread because of manifest carelessness throughout the entire production. We sometimes find papers that have been corrected by writing in words, in a penmanship that has the appearance of being a hieroglyphic of some kind, which we have some trouble in translating.

Another fact comes to our mind in relation to illustrations. We read a paper with a view of preparing it for publication, and find reference made to x-ray plate and illustrations of various kinds, and we are not able to find these illustrations. We get a paper arranged for publication and we find ourselves obliged to substitute some other paper because the illustrations do not come. It should be understood that cuts cannot be made over night; that it requires some little time to get them made.

Special War Items.

Physicians Recommended for Commissions.

The following additional New Jersey physicians were recommended for commissions during the month of March. Twenty-one in all—1 major, 3 captains, 17 first lieutenants.

The following are members of the Medical Society of New Jersey:

Abijah O. Buck, Elizabeth, as captain.

Arthur J. Casselman, Camden, and Henry Hurlburt Tomlin, Wildwood, as first lieutenants.

Orders to Officers of the Medical Corps Army.

(Members of Medical Society of New Jersey)

Lieut. Virgil H. Cornell, Cedar Grove, to Hoboken, N. J., for duty.

Orders to Officers of the Medical Reserve Corps

(Members of Medical Society of New Jersey)

Lieut. Harvey M. Ewing, Upper Montclair, to Fort Oglethorpe, Ga., for instruction.

Capt. Michael S. Granelli, Hoboken, to New York City base hospital.

Capt. Clement J. Hailperin, Newark, to Camp Lee, Petersburg, Va., base hospital.

Lieut. Charles M. Gray, Vineland, resignation accepted.

Major Joseph MacDonald, Jr., Orange, to Newark, N. J., as president of the Board of Examiners.

Capt. Palmer A. Potter, East Orange, to Fort Oglethorpe, Ga., for instruction.

Lieut. George B. Verbeck, Caldwell, to Watertown, Mass., Watertown Arsenal, for duty.

Lieut. Michael Vinciguerra, Elizabeth, honorably discharged on account of physical disability.

Lieut. Joseph C. Winans, Belleville, to Camp Hancock, Augusta, Ga., for duty.

Additional orders to officers of the M. R. C. since April 1, 1918—members of Medical Society of New Jersey.

Lieut. Charles Dane, South Orange, to Camp McArthur, Waco, Tex., base hospital.

Lieut. Vernon E. De Grofft, Swedesboro, to Fort Oglethorpe, for instruction.

Capt. Ambrose F. Dowd, Newark, to Camp Meade, Annapolis Junc., Md., to examine for mental and nervous diseases.

Lieut. Leslie H. Ewing, Berlin, to Camp Crane, Allentown, Pa., base hospital.

Lieut. Hugh V. Gillson, Paterson, to Camp Dix, base hospital.

Lieut. Lyman B. Hollingshead, Pemberton, to Fort Oglethorpe.

Lieut. Henry Klaus, West Hoboken, to Fort Oglethorpe, for instruction.

Lieut. Charles P. Lingle, Arlington, to Camp Crane, Allentown, Pa.

Capt. Elias J. Marsh, Paterson, to Camp Shelby, Hattiesburg, Miss., base hospital.

Lieut. William A. Newell, Trenton, to Fort Oglethorpe, for instruction.

Capt. Charles D. Pedrick, Glassboro, to Hoboken, N. J., for duty.

Lieut. Joseph A. Schramm, Newark, to Fort Oglethorpe, for instruction.

Lieut. Hyman J. Udinsky, Passaic, to Camp Dix, base hospital.

Capt. Joseph T. Welch, Long Branch, to Fort Oglethorpe, for instruction.

Lieut. John H. Winslow, Vineland, to Hoboken, for duty.

Lieut. Mayer Wishnack, Paterson, to Camp Dix, base hospital.

Orders issued to New Jersey doctors in the M. R. C. since April 1, 1918, culled from recent reports:

Capt. William N. Harrison and Lieut. Alex. J. McRae, Upper Montclair; Lieuts. Samuel Blaugrund, Philip J. Dorety, Sidney Scheinman, Charles R. Sista, Trenton; Lawrence B. Boylan, Paterson; Lawrence M. Collins, Grey-stone Park; George H. Gehrman, Parlin; Adolph A. Gurin, Atlantic City; Nathan Heller, Sidney B. Rawitz, Abraham G. Reinfeld, Alfred Woodhouse, Newark; Albert G. Jahn, Passaic; Jesse A. Levine, Orange; Louis Lipshitz, Bayonne; Walter C. Martini, Jersey City; Walter H. Whiton, Neshanic—to Fort Oglethorpe, Ga., for instruction.

Lieuts. Samuel Brock, Newark, for instruction, and Capt. Francis M. McMurrrough, Jersey City, for duty, to Hoboken, N. J.

Lieut. John A. Botti, Jersey City, to Fort Monroe, Va., for duty.

Lieut. Barney D. Levine, Trenton, to Hampton, Va.

Lieut. Edward F. Syrop, Bayonne, to Fort McHenry, Md., for duty.

Lieut. James P. Sands, Trenton, to Camp Meade, Annapolis, Md., to examine for mental and nervous diseases.

Lieut. Vane B. Sigler, Trenton, to Camp Devens, Ayer, Mass., for duty.

Lieuts. Roger T. Fox, Gloucester City; Thomas W. Phillips, Camden; Morris L. Simon, Passaic; Joseph Wechler, Jersey City, base hospital.

Lieut. Gerald L. Higgins, Jersey City, to Aberdeen, Md., Proving Grounds, for duty.

Lieut. William H. Haines, Audubon, to Camp Custer, Mich., as a member of the tuberculosis examining board.

Lieut. Matt. S. Levitas, Newark, to Camp Upton, L. I., base hospital.

Lieut. Adfur E. Maines, Jersey City, to Fort Sheridan, Ill., base hospital.

Lieuts. Thomas W. Connolly, Reverdy, V. W. Estill, Jersey City, to Army Medical School, Washington, D. C., for instruction.

Lieuts. Frank J. McLoughlin, Jersey City, for instruction, thence to Camp Shelby, Miss., base hospital; Louis C. Rosenberg, Newark; Walter W. Schmidt, Cliffside, for instruction in laboratory work.

Lieut. Cordie C. Patten, Carney's Point, to Camp Sshelby, Hattiesburg, Miss., base hospital.

Lieut. Howard S. Smith, Newark, to Camp Sherman, Ohio, base hospital.

Lieut. Ernest S. Ramsdell, Camden, to Jackson Barracks, La., for duty.

Lieut. William E. Rink, Burlington, to Camp Pike, Little Rock, Ark., base hospital.

On March 1st there were 144,869 physicians in the forty-eight States and District of Columbia. The Surgeon-General's report for March 22nd gives a total of 18,138 officers in the Medical Reserve Corps, and of these 14,-

911 are on active duty. Weekly reports indicate that the officers are being called to active duty in greater numbers than they are being admitted to the Reserve Corps. In all, 22,309 doctors have been recommended by the Surgeon-General to the Adjutant-General's office for commissions in the Medical Reserve Corps—fifteen per cent. of the doctors of the country.

The several naval hospital corps schools are now graduating more hospital apprentices than are being assigned to the corps from the recruiting service, due to the fact that the authorized strength of the enlisted personnel of the corps has been reached. As soon as Congress authorizes an increase in the enlisted strength of the navy, which will carry with it a corresponding increase in the hospital corps, special efforts will be made to resume enlistments for the corps. It is expected that the present enlisted force will be augmented by about 3,000 men, all of whom will be required to meet the demand.

An army medical department to do justice to its wounded, must be ready to care for them within twelve hours, it must go to the wounded soldier, not wait until the soldier is brought back. This in modern war calls, with variations, for regimental dressing stations as near as they can be brought to the lines; field dressing stations from which the seriously wounded are sent back, either to movable field hospitals or evacuating hospitals of from 1,000 to 1,500 beds each (where head, chest and abdominal wounds must be operated upon or you lose your men); and base hospitals, to which the sick and wounded are removed as rapidly as they safely can be transported.

Opening for Surgeons in the Regular Army.

The Surgeon-General of the United States Army announces that there are approximately six hundred and fifty vacancies in the Medical Corps of the Regular Army, and that examinations to fill these vacancies are being held at various places throughout the United States on the first Monday of each month. The Surgeon-General is very desirous of filling these vacancies as promptly as possible and invites applications from graduates of medical colleges, between the ages of twenty-two and thirty-two years, who have had at least one year's post-graduate hospital experience. The successful applicants will be given the rank of first lieutenant at a salary of \$2,000 annually and with an allowance for quarters except when in camp. Full particulars regarding the duties, and emoluments of officers and opportunities in the service will be furnished on application to the office of the Surgeon-General of the United States Army, Washington, D. C.

Lieut. Martindale in France.

In a cable message from the French front Dr. J. Watson Martindale received the good news that his son, Watson, who has been in the service over there a year now, has been given the honor of M. D. by the Hopkins University and which also makes him a lieutenant and surgeon in the National Army. Lieut. Martindale had served three years in the university and went with the unit of that institu-

tion for service in France. His promotion makes clear the fact that he has made good.

Woman Doctor's Letter Home.

Three slices of bread and two teaspoonfuls of sugar are rations on which American physicians in Paris are subsisting, as told in a letter just received from Dr. Mabel H. F. Bancroft of East Orange, who was the first New Jersey woman to go to France as a doctor. She took occasion to express gratitude for a gift of sugar and coffee, laying stress on the fact that all hands must do without luxuries. "It is wonderful beyond words," she wrote of the work going on and the spirit of the French people. Dr. Bancroft, who is serving at the American Hospital under the Red Cross, has charge of a clinic for refugees and civilian war sufferers.

Doctor Suffering from Gas, Attends Others.

Lieutenant T. H. Sweetser of the American Medical Corps has been recommended for the British War Cross because of gallantry and devotion to duty near Passchendaele, March 13. Another battalion's headquarters was hit directly by a gas shell and their medical officer gassed. Sweetser attended forty gas victims, although himself suffering from the effects of the vapor. He also assisted in rescuing a party whose dugout was hit by a gas shell.

No Long Faces at Camp Dix.

Rev. Joseph A. Mulry, president of Fordham University, in one of his addresses at Camp Dix said:

"Every face I saw in a day's journey through the camp was a pleasant one; there wasn't a long face among the thousands I looked into. Another thing which struck me quite as forcibly as the absence of long faces was the absence of profanity," said Father Mulry. "I don't know whether I struck camp on a day when you were behaving exceptionally well, but I watched and listened to your conduct. You have a right to those smiling faces and you do well to bear yourselves as true Christian soldiers, for if ever there was a cause that was just and worthy of divine aid it is yours. As truly as I stand here, I believe that the voice of authority with which President Wilson spoke when he called you to arms was as the voice of God. Through the President the call came from the whole people, and a people bent on spreading the gospel of democracy throughout the world must be imbued with inspiration from a higher source than that of worldly gain."

Good Samaritan Function of the Medical Corps.

Major George de Tarnowsky, N. O. R. C., in the Review of Surgery and Medicine, March, 1918, prepared in the office of the Surgeon-General, gives one of the best descriptions of the surgery in the zone of advance, from personal observations on the French front. Attention of all medical officers is directed to the following:

"In addition to hot meals which are carried to the soldiers in the trenches, the Medical Corps now sends hot tea, flavor with a small amount of brandy, to the front lines twice daily—a most welcome potion, which the soldiers look forward to with eagerness. The prevailing idea of the French Medical Corps is to

make the fighting men feel and know that their comfort is being looked after and that everything is being done to mitigate the hardships under which they live. The French are strong believers in the personal element—the little acts of kindness, even of tenderness towards the individual soldier which have helped to keep up both, his fighting spirit and his mental serenity. The "tisaneries" as the hot tea stations are called, did not come into existence as the result of army orders; they represent a voluntary contribution to the soldier on the part of the Medical Corps. Begun in a small way, it was soon noticed that, where the *tisaneries* existed and the regimental kitchens were installed near enough to the trenches so that the food reached the soldier hot, the morale and fighting edge were of the finest."

"Fit to Fight."

A film entitled "Fit to Fight" has been prepared through co-operation between the Army Medical Department, the War Department, the American Social Hygiene Association, the Commission on Training Camp Activities, and the Metro Picture Corporation. The photographic and laboratory work has been done by the Army Medical Museum. The film is a part of the campaign to combat venereal disease. It is now being shown in the cantonments. Requests for the use of the film are being received by the Medical Department from educational institutions, and will be responded to as promptly as possible.

American Red Cross Meets Emergency.

According to a cablegram from Paris, the American Red Cross has performed another feat by preparing and shipping to a town behind the French front a tent hospital of 500 beds, within twelve hours after receiving a request from the French Government. The hospital was needed to care for patients suffering from fractured limbs who were being removed from a hospital in eastern France that was being menaced by German air raids. The equipment supplied by the Red Cross consisted of 25 tents 20 by 60 feet, each containing 20 beds. The Red Cross is making arrangements to send 50,000 Parisian children to a provincial center where they will be cared for during the summer.

95,000 Hospital Beds for Army.

When hospital construction now under way is completed more than 95,000 beds will be available for army purposes, according to statistics compiled in the office of Surgeon-General Gorgas. The normal capacity of the National Army and National Guard base hospitals, the United States army hospitals and the general hospitals was 62,959. This is being increased by forty-five per cent., and in case of emergency a further extension would be possible without additional construction. The sixteen base hospitals at National Army cantonments are each to have a capacity of 2,200 beds; those at the National Guard camps will range from 1,100 at Camp Sheridan to 2,100 at Camp Wadsworth. No increase is contemplated for the Ellis Island Hospital, which will be used as a clearing point for returned injured soldiers, nor for the five hospitals in Jersey City which are included in the War Department's program.

U. S. General Hospital No. 3, Colonia.

The big government hospital at Colonia, N. J., where soldiers of the United States Army who have been incapacitated for further service are to be rebuilt and fitted for the occupations of peace, received its first patients April 10. On that day eleven of the wards, each one containing twenty-two beds, were thrown open, and within a few weeks the rest of the institution will be completed and ready for work. The maximum capacity of the hospital will be 2,000 beds.

War Hospital at Mineola.

Announcement was made recently that the fair grounds at Mineola, L. I., will be turned over to the government for a convalescent hospital. They comprise 63 acres which have been used as an aviation field. When the present buildings have been remodeled, they will house 10,000 patients. At present convalescents from the various army cantonments will be cared for, but the institution will doubtless be used later for soldiers returning from overseas.

Government Takes Hoboken School for Hospital.

The United States Government on April 6 arranged to take over public school No. 6 at Eleventh street and Willow avenue, Hoboken, for use as a hospital. The city will close the school two months earlier, and will be taken over by the government by May 1. It will have room for 500 beds.

Typhoid and Dysentery No Longer Menace Camps.

Figures given out from the office of the Surgeon-General of the Army show that there have been but eight deaths from typhoid fever in the army camps in the United States since September 17, 1917. There has not been a single death from dysentery and there are no cases under observation. The records show that but a single suspected case of typhoid fever is at present under observation. During the Spanish-American War the death rate from typhoid fever was 8.79 per thousand. If that rate were effective to-day the American armies, on the basis of 1,500,000 in the service, would have lost from 13,000 to 15,000 men from the ravages of these diseases alone.

War Neuroses.

Although an excessive incidence of mental diseases has been noted in all recent wars, it is only in the present one that functional nervous diseases have constituted a major medico-military problem. As every nation and race engaged is suffering severely from these disorders, it is apparent that new conditions of warfare are chiefly responsible for their prevalence. None of these new conditions is more terrible than the sustained shell fire with high explosives which has characterized most of the fighting. It is not surprising, therefore, that the term "shell shock" should have come into general use to designate this group of disorders. The vivid, terse name quickly became popular and now it is applied to practically any nervous symptoms in soldiers exposed to shell fire that cannot be explained by some obvious physical injury. It

is used so very loosely that it is applied not only to all functional nervous diseases but to well-known forms of mental disease, even general paresis.—Dr. T. W. Salmon, in *Mental Hygiene*.

A New Review on War Surgery.

There has just been prepared in the office of the Surgeon-General a new pamphlet, *Review of War Surgery and Medicine* (March, 1918, vol. i, No. 1). According to the editorial note, this review is to appear monthly and to be devoted to abstracts of war medical literature. This little pamphlet will furnish the medical personnel of the Army abstracts, of original papers of importance, necessary information in a short compass, and prompt publication of reports which otherwise might not gain circulation.

In this first volume there is a splendid review of surgery in the zone of advance prepared from data written by Major George de Tarnowsky, based upon his personal observations in the French army front. It is the best description that has yet appeared in American literature of the war.

This is followed by a most readable and instructive review of the most recent data on gas gangrene, trench foot and the general principles guiding the treatment of wounds of war.

Copies of this review may be obtained by addressing the Superintendent of Documents, Government Printing Office, Washington, D. C., enclosing ten cents in stamps.

The Control of Venereal Disease.

The Secretary of War sent this letter to all department, National Guard and National Army division commanders, and says, in part: "No men suffering from acute venereal diseases will be permitted to accompany their organizations for service abroad. In order, therefore, to maintain your organization at proper strength every effort must be made by you and your subordinates to keep down the number of new venereal disease infections. At the present time the venereal diseases are being reported from the National Guard camps at the rate of 135 per 1,000, and in the National Army at the rate of 139 per 1,000. This is a rate twice as high as has been obtained under strict discipline in the past."

Instructions are given as to the proper steps to be taken as a defense against venereal diseases, and in conclusion the letter says: "Upon the receipt of orders to proceed abroad a complete and careful venereal inspection of the entire command should be ordered. All cases of acute venereal disease should be left behind. In addition no leaves of absence to enlisted men, except under very exceptional circumstances, should be granted for a period of ten days prior to entraining, and this quarantine should not be broken while awaiting embarkation. From the date of receipt of orders to proceed abroad, venereal inspection will be held twice each week, until the command is reported for duty with American Expeditionary Forces. Active treatment must be given to all cases discovered enroute. This is believed to be necessary in order to prevent new infections and the development of acute disease enroute."

With the excellent system for early treat-

ment, or as it is better known "venereal prophylaxis," instituted by the Surgeon-General at every army camp, the venereal rate should be reduced to a minimum.

Venereal Infection.

The Boston Med. and Surg. Jour. calls attention to the following communication from Dr. H. Bryan Donkin, F. R. C. P., published in the London, England, Times, which seems to indicate that the care of venereal disease among the British troops does not compare favorably with that in practice in the United States Army:

"Since the publication of my letter to you on December 27 I have had several more inquiries from army officers, both combatant and medical, of which the following extract from a letter just received from the front is a fair example: 'I am taking the liberty of asking you for details of the disinfectants you mention. My reason for asking is that medical officers give different answers, and that recently officers have been ordered to speak to their men on these questions. Definite instructions would, therefore, be of obvious value.'

I shall be grateful if you will insert this letter in order that the large number of persons now actively interested in this grave matter may realize the highly unsatisfactory conditions now obtaining in the medical department of the army in relation to the prevention of the widespread infection of our troops by venereal poisons. It is at least possible that some influential persons thus interested and informed may take some steps which will lead to this chaos being reduced to order. I have already tried and failed to persuade those who could take such steps, to make some definite and practical move in the matter. Such advance as is now being achieved is made more or less sub rosa. To be really effective against the existing danger, it must be made by outspoken, clear, and authoritative order. I have been personally informed by very many army medical officers of superior rank that, in spite of being thoroughly convinced of the absolute necessity of prophylactic medical measures, they are held back from performing what they feel should be regarded as their medical duty, by the existence of an army order which literally forbids such action. Surely, if the highest army medical authorities may be restrained from action through either want of encouragement or positive hindrance from the political executive, it is the business of the people and Parliament to force the government to remove this scandal or to justify their attitude towards it."

Italian Medical Activities in the War.

Dr. Victor G. Heiser, Director of the East International Health Board; Member of the American Red Cross Commission to Italy, gave an address before the College of Physicians of Philadelphia in January from which we take the following extracts: It is generally understood that the Italian Army consists of at least 4,000,000 men and that the number of hospital beds is approximately 1,000,000. Just what it means in two years to expand a country's hospital service to these huge proportions can be better appreciated when it is recalled that in the entire United States, with a population almost three times as great as that

of Italy, there are only 300,000 beds. In spite of this vast achievement, the work accomplished by the Italian medical profession since the beginning of the war has attracted to itself but little attention in this country. While probably none of the Allies fighting in Europe has received less aid other than financial help from outside their own borders, the medical men of Italy almost invariably were loath to speak of their achievements. It was characteristic of the Italian medical service to achieve results and then, perhaps, talk about them. The equipment for the care of the sick and wounded has been provided almost entirely in Italy. Mobile hospitals of 100-bed capacity, which can be taken down and transferred 75 miles and set up and put in service again within 24 hours, are in use; the entire equipment being transported on five camions (motor trucks) and three touring cars. New operations, particularly in dental and lung surgery, new instruments without number, have been developed. The Italian medical service is presided over by an official who has his office with the Minister of War at Rome. Under the chief medical officer there is stationed with each army a principal medical officer who has almost determining powers in directing the medical work of the army with which he is stationed. The care of the wounded is undertaken jointly by the Italian Red Cross and the Sanitare Militare, or Army Medical Service, medical aid being rendered through the following seven classes of agencies:

1. The Posti Medicazione. These are the most advanced dressing stations for emergency service, and they are located usually in dugouts in trenches very close to the front.
2. The Sezione Sanita. These are located one or two kilometers behind the front, are dispensaries and more fully equipped than the preceding.
3. Ambulancia di Montagna are located from two to five kilometers behind the front; the most advanced point reached by the Italian Red Cross.
4. The Stazione di Sanita are somewhat larger and better equipped than the Ambulancia di Montagna.
5. The Ospedale di Campo, or Field Hospitals, are at accessible points somewhat farther back; of 500-bed capacity and are used also as distributing center where cases are classified and sent to various special hospitals.
6. Ospedale di Tappa are base hospitals several hundred kilometers behind the lines with a bed capacity of from 20,000 to 40,000.
7. Ospedale di Reservo are institutions throughout the cities of Italy which have been made available for soldiers.

The hospital train service efficiency was marked. Often we saw a train back into a siding next to a hospital, take on board fully 350 wounded and in less than thirty minutes proceed on its way. Everything worked with clocklike precision.

For each army there are a number of large quarantine stations provided with steam disinfecting apparatus or sulphur-dioxide chambers. Practically every hospital throughout Italy has one or more X-ray machines, all manufactured in their own country.

Talent does what it can, genius what it must.

A man should be judged by his best, not by his worst.

Miscellaneous Items.

Continued from page 160.

The Old Pierson Office in Orange.

Dr. Thomas W. Harvey Sr. has a very interesting article in the February Medical Pickwick on this subject, with a picture of the office built in 1828, corner of Main and Hillyer streets, where Dr. Harvey has had his office since 1879. It was built and occupied by Dr. William Pierson Sr. until his death in 1882. Four generations of Pierson physicians are given, Drs. Isaac, Matthias, William Sr. and William Jr. Several medical students are mentioned who had one of the Piersons as their preceptor. The article closes with the following:

Many concrete examples of public service have emanated from the old office and its neighbor, the Pierson home. The Orange Memorial Hospital and the Nurses' Training School were veritably the offspring of this old medical center, as was also the Nurses' Visiting Settlement of Orange, while the Orange Orphan Home had on its Board of Governors, three generations of the women descendants of old Dr. Hillyer, and its medical necessities were supplied entirely from the old office for over forty years, and in a partial degree even to this date.

The origin of the Orange Mountain Medical Society and the William Pierson Medical Library Association may be traced to the old office, as well as the Anti-Tuberculosis Society of the Oranges which preceded by two years and led up to the State anti-tuberculosis work. The first report on the sewerage and water supply of the City of Orange was written within the old office. Thus it may be seen that the little old office has been an active factor in the growth and development of the neighborhood; in fact, it is probable that the maternity cases, alone, attended by the doctors connected with this office number nearly ten thousand.

The activities of the Piersons covered a period of one hundred and thirty-five years, from 1765 when Dr. Mathias commenced practice until 1900 when Dr. William Jr. laid down the burden of life. They were not limited to the professional work but in all phases of life in the Oranges or in the State that concerned public welfare they took an active share, and in all movements they were looked up to by their neighbors as the men to take the lead and carry the responsibilities.

The study of the lives of such men is of great value to all Americans to-day, furnishing a standard which all should strive to attain.

Beware of Swindlers.

No doubt our readers have seen the several notices, under "General News," in the Journal A. M. A. in several recent issues, entitled "Once more a warning." These refer to swindlers operating in different sections of the country—various letters having been received from victims in Ohio, Colorado and other widely separated States. Now comes a letter from the well-known publishing house of W. B. Saunders Co. of Philadelphia, saying a man under the name of E. T. Rogers, claiming to represent the University Progressive Club of Cin-

cinnati, for medical and other journals, has been victimizing physicians in Illinois; and the same subscription swindlers, or another under the name of Robert Wayne, has been relieving physicians of their well-earned cash in the region of Gary, Ind. It is believed there is concerted action, perhaps by an organized band, being taken at this time of the year, to victimize physicians on so-called "subscription" schemes. Every physician should decline to pay any money by check, or otherwise, to subscription agents not personally known to him, or for whom other physicians cannot vouch. Many of these so-called agents operate under the guise of students "working their way through college."

Editorials from Medical Journals

Conservation of Sugar, Alcohol and Glycerin.

Boston Med. and Surg. Journal.

There is urgent need for the country to use with the utmost care existing stocks of sugar, alcohol, and glycerin. The work of Wimmer of New York and Upsher Smith of St. Paul, Minn., has shown that it is possible to reduce largely the amount of these materials used in medicine by the adoption of infusions, decoctions, and solid forms of medication, such as capsules, in place of elixirs, syrups, fluid extracts, and tinctures. As the choice of medicine rests with physicians, the successful conservation of sugar, alcohol, and glycerin in this respect depends largely upon them; and upon the profession throughout the country should be urged the desirability of prescribing in accordance with this method wherever possible. It is also desirable that this matter should be fully discussed at medical meetings, in order that all may fully realize its importance, and may do everything in their power to assist this movement of conservation, which cannot fail to be of material assistance to the country and to the United States Food Administration.

Justice to Army Surgeons.

From the New York Tribune.

The acuteness of the disagreement between Major General Gorgas and Mr. Crowell, Acting Secretary of War, is somewhat mystifying. The latter has shown a good deal of resentment because General Gorgas went over his head in urging Congress to create a certain number of brigadier generals in the Medical Corps. Except Gorgas himself, there is now no officer in that corps with a higher relative rank than colonel. Many distinguished surgeons have recently entered the army medical service. They will be called upon to direct hospital work on a scale hitherto unknown in our army. They find already that they are hampered—especially at the front in France—by lack of adequate rank, being out-classed by line officers doing less responsible work and by medical officers in the other Allied armies with whom they come in contact.

When eminent surgeons like the Mayo brothers of Rochester, Minn., appear at the capital and make out what seems to be a satisfactory case, that case cannot be demolished offhand by a suggestion that a rearrangement of grades in the Medical Corps might lead to embarrassing demands for a similar rear-

rangement in the other staff corps. The War Department doesn't want to be stampeded into creating a lot of brigadier generals for the Pay Corps or the Judge Advocate's Corps. Possibly it doesn't want to stock up with brigadier generals in the Quartermaster's Department. But logical consistency in dealing with the various staff corps is at this time neither a necessity nor a virtue. The Medical Corps is going to play an exceptionally important role in this war. It deserves the most sympathetic consideration. It is entitled to any moral and professional recognition which may help to add to its efficiency.

All that the Medical Corps of the army asks is treatment approaching in fairness that accorded the medical corps of European armies and to the Medical Corps of our navy. The Medical Section of the New York State Committee of the Council of National Defence has prepared a table which shows the percentage of general officers in the medical corps of other armies. Italy allows .52 per cent, France .47 per cent., Great Britain 1.10 per cent., Germany .20 per cent., Austria-Hungary .68 per cent. and Japan .89 per cent. The United States navy allows .50 per cent. But there are no general officers in the Medical Corps, except the head of the corps, who is a major general ex-officio.

One of the bills pending in Congress would allow .34 per cent. of general officers to the Army Medical Corps, 1.64 per cent. of colonels and 3.63 per cent. of majors. The Owen amendment, so called, would increase the percentage of general officers to .50, of colonels to 4 and of majors to 8. These are not extravagant concessions to a mania for rank. They represent a sensible readjustment to new conditions.

Editorials from the Lay Press.

Patent Medicine.

From the N. Y. Evening Post.

Death has lately claimed two Americans whose works or whose name and physical presentment were intimately familiar to unnumbered millions of their countrymen. About a fortnight ago there passed away at Columbus one S. B. Hartman. He gave Peruna to civilization. On Sunday there died at Palm Beach one James M. Munyon, whose uplified index finger had for its only rival in popularity the somewhat similar gesture of the Statute of Liberty in New York Harbor. It is not recorded that either of these men died of a broken heart, or that an autopsy would have revealed, inscribed on that organ, the words "Pure Food Law." Yet there is a certain tragic coincidence in the fact that the disappearance of these two men should have come at a time when prohibition is swarming over the top for the final charge. It is the climax of a campaign which began with the capture of the first-line trenches several years ago, when Peruna and its allies, the various bitters, malt whiskies, wines of life and reinforced sarsaparillas were thrown definitely on the defensive or altogether swept out of existence. Another year or two and most of these giants of the advertising columns will be forgotten. Their fame was writ in equal parts of water and alcohol.

What the Doctor Ordered.

From the Ohio State Journal.

Here's where we must acknowledge a little compliment that was handed the profession recently through the editorial column of a northern Ohio newspaper. Sometimes we are inclined to think we have a thankless job, but read this and cheer up:

"To most of us these requests and orders of Mr. Hoover have a fairly familiar sound. 'Don't eat so much meat. Once a day is enough. Cut out the pork for a while. Try whole wheat bread and rye bread. Lay off on the sweets a little. Eat more fruits and vegetables. Your stomach is a little out of order and needs rest and a change.'

"Why, it's just about what the doctor told you when you consulted him about that dizzy feeling and insomnia and headaches and lack of pep. If you followed his orders, which included fresh air and exercise, your recovery was satisfactory and reasonably prompt.

"It will do us all good to live up rigidly to the more scientific, more sensible, more appetizing diet proposed by the national food conservation director, in addition to enabling us to send to our allies the food supplies needed by the men who are doing the fighting and rough work of the war."

The Lunatic Fringe on Deck.

From the Newark Star-Eagle.

The attention of Congress has been called to a wild-eyed sentiment on the part of the National Anti-Vivisection Federation, declaring that "thousands of deaths have been deliberately inflicted upon our soldiers and sailors" because they were "pumped full of disease by compulsory inoculation and vaccination."

In normal times the country can afford to maintain a good-natured attitude toward what Col. Roosevelt has called the "lunatic fringe" of society. Indeed, it is excellent practice in tolerance and charity.

But the times are to-day abnormal. Not only does the nation's salvation rest upon our keeping our mentality on straight, but the lives of more than a million men depend upon it. We cannot afford to let the "lunatic fringe" run amuck with its mouthings. We cannot let the falsehoods of this anti-vivisection association go unchallenged or the fabricators of the lies go unpunished.

Congress does well to inquire into this matter. It is easy to see how German agents could make profitable employment of the propaganda of such bodies as have made a hobby of dunderpates' ideas.

Recipe for Scandal.

A correspondent in the Bridgeton News gives the following old recipe for scandal.

"Take a grain of falsehood, a handful of runabout, the same quantity of nimble tongue, a sprig of the herb of back bite, a teaspoonful of Don't-You-Tell, six drops of malice, and a few drachms of envy. Add a little discontent and jealousy and strain through a bag of misconstruction; cork it up in a bottle of malevolence; hang it up on a string of yarn; keep in a hot atmosphere. Take a dose every day and note results."

Therapeutic Notes.

Arthritis.—Because an arthritis does not clear up after the extraction of a diseased tooth root does not prove that the original infection of the joint was not due to the tooth root.—*Medical Times.*

Diet in Acute Proctitis.—In acute proctitis a largely absorbable dietary is advisable in order that the bowels may move less frequently thus diminishing the peristaltic movements. *Am. Jour. of Clin. Med.* believes that milk should be excluded because it gives rise to hard irritating curds in the feces. Cabbage, celery and green corn are forbidden for they irritate the bowels. In their stead, gruels of oatmeal, rice, barley, egg-albumen, gelatine, meat-broths and peptones should be ordered. Water should be drunk freely and a full glass of flaxseed-tea at night. The latter acts as a mild laxative while also soothing the intestine.

Delirium Tremens.—Stir together 40 grains of capsicin and 16 ounces of sweet milk and administer this mixture freely until the patient is relieved.—*American Jour. of Clinical Medicine.*

Frostbite Treatment.—Dr. G. S. Bangert of East Orange, in the *N. Y. Med. Jour.*, says: In the actual treatment, normal warmth of the part should be restored very gradually, when the skin has not been broken. After this, the patient should be given stimulants and constitutional tonics and relief for the local condition may be had by the use of any one of a great number of soothing and disinfecting preparations. In the presence of an open wound, the part should be kept surgically clean, death of tissues should be limited, odor should be prevented and the growth of new tissue should be promoted.

Gonorrhea Treated by Intra-muscular Injections.—Dr. Melamet, in *Jour. des Practiciens*, says he makes trial of a general treatment, in view of the fact that gonorrhoea is a general infection. For this purpose he made use of permanganate of potash given by intra-muscular injections. His results are encouraging, for of 31 cases treated 27 were cured.

The patients are given 1 c.c. for the first injection, then 2 c.c. and 5 c.c. on the fourth day, after which the amount is decreased. The solutions used vary in strength according to the degree of obstinacy present. They are: 1.66 m.g. per c.c.; 2 m.g. per c.c.; and 3.66 m.g. per c.c. No local treatment is employed.

Furunculosis.—As to general treatment, anything that makes for appetite, good digestion, proper movement of the bowels, and nutrition works for a successful fight against furunculosis. One of the recommended treatments is yeast. The ordinary compressed yeast cake is easily obtained and administered. The proper dose is about one-third of a yeast cake, dissolved in a glass of water, twice a day. This makes a sour drink, and is not disagreeable to most persons. If it causes the bowels to become loose, the amount should be diminished. Yeast may have a beneficial ac-

tion in gastro-intestinal sluggishness, and apparently has power to change the flora of the intestine.

Sulphuric acid and nitrohydrochloric acid have been recommended in furunculosis, and sulphur is also an old-fashioned treatment. If the patient is anemic, iron in some form should be given.

When there are multiple small spots of infection on the body, the underclothing should be frequently changed, and warm baths should be taken to prevent reinfection.

Stock vaccines, and more frequently auto-genous vaccines, have occasionally been found valuable. On the other hand, sometimes vaccines fail utterly to prevent the recurrence of boils.

Intravenous Treatment of Internal Hemorrhage

According to an abstract in the *Nederlandsch Tijdschrift*, Dr. E. Ebstein reports favorable experiences with hemorrhage from the lung treated by intravenous injection of a hypertonic salt solution. He adds 0.02 per cent. calcium chlorid to a 10 per cent. solution of salt, having the mixture put up in ampules containing 2 c.c. He injects as a rule about 5 c.c., and repeats several times, even after the bleeding has stopped. He has also found it valuable in internal hemorrhage in the nose, stomach, intestines, etc., and commends it for cases in which calcium chlorid or gelatin by the mouth do not speedily help.

Nervous Exhaustion.

Dr. Goodell found the following formula efficacious for the relief of this condition:

Extracti sumbul, gr. xx.

Ferri sulphatis, gr. xx.

Asafetidae, gr. x.

Arseni trioxidi, gr. $\frac{1}{2}$

Fiant pilulae No. xx.

S.—One three times a day after meals.—*Hare's Practical Therapeutics.*

Peritonitis—Morphine in.—Dr. R. J. Behan, in the *Interstate Med. Jour.*, advises the giving of morphine if the patient is seen at the beginning of the disease in order that the quiescent intestine may offer more opportunity for the formation of lifesaving adhesions. If the intestine is quiet, as determined by the absence of peristalsis on abdominal auscultation, then morphine should not be given, but rather some intestinal muscle excitant such as pituitrin or eserine. Pituitrin is better, as it stimulates the intestine to a tonic contraction, and in early and active cases it may be combined with the morphine. A localized peritonitis which is becoming diffuse is favorably influenced by morphine and it may also be used to quiet a suffering and restless patient.

Ulcers.—Strong solutions of permanganate of potassium are oftentimes of excellent service as a dressing in skin affections, or in slowly healing ulcers.

Mustard.—Mustard is an excellent emergency germicide. Its value was demonstrated by Roswell Park, who used a mixture of soap, cornmeal and mustard flour to scrub the surgeon's hands or the patient's skin. Mustard

removes the odor of decay at once.—Med. Review of Reviews.

Chronic Myocarditis and Its Treatment.

The *La Monde Medical*, Paris, December, 1917, contains the following on Myocarditis:

Chronic myocarditis is in reality merely a phase of arterio-sclerosis which should be looked upon not only as a process of arterial sclerosis, as its name would seem to imply, but as an arterial, cardiac and renal sclerosis at the same time. It all takes place in the circulatory system of which, after all, the heart is only a dilatation of one of the vascular canals and the kidney is merely a terminal whose function it is to remove from the blood all the impurities produced by the working of the human machine. It follows that when an affection of this kind attacks the blood vessels the heart on the one hand can hardly escape, any more than the kidney. The ultimate result is that our treatment must bear simultaneously on each one of the elements of this organic trinity.

If we are to differentiate chronic myocarditis from arterio-sclerosis, properly so-called, it can only be by the severity of the cardiac signs which are the most striking of all. Here we have a singularly characteristic series: dyspnoea, which is especially frequent on awakening in the morning and in the horizontal position, the cardiac dyspnoea which prevents the patient obtaining any rest except in the sitting position; retro-sternal pain, very distressing to the patient; oedema of the lung which so often proves fatal. Then too there are changes of cardiac rhythm, not so alarming it is true but very disquieting for the cardiac patient who is always feeling his pulse. The subjects of arterio-sclerosis who do not suffer from these troubles are ignorant of the fact that, in spite of their absence, they are really cardiac subjects. Those who do experience these symptoms can no longer be under any illusion and it becomes us to employ an active treatment capable of calming their sufferings and averting the most threatening dangers so as to place them, temporarily at any rate, in a normal state of compensation.

Now our armamentarium is rather poor in remedies for myocarditis. Digitalis can of course be prescribed, it is indeed formally indicated, it is and remains the heroic remedy, familiar to us all. Its employment however is open to sundry objections. The myocardium that is the seat of sclerosis does not read well to digitalis so that we run the risk of falling short of the wished-for effect. Should we increase the dose, and especially if its use be continued for some time, we are faced by the risk of accumulation. Lastly, when cardio-sclerosis has reached the mitral stage, digitalis is often contra-indicated. The outcome of it all is that digitalis must in these cases be cautiously employed, watching its effects closely. Subject to these conditions it remains an agent of the first rank. When for any reason digitalis cannot be employed we many have recourse to its substitutes but they are not of equal value. Nevertheless, caffeine (also requires watching) and theobromine render appreciable service as cardiac tonics and as diuretics. Strophanthus is perhaps the best substitute for digitalis at our disposal. It acts on the failing myocardium as a tonic and

its diuretic properties are fully equal to those of the substances just referred to.

Vaso-dilatation is best effected by means of trinitrine which Huchard recommends to be given in the following manner: three to six table-spoonful (dessert-spoonful or teaspoonful according to circumstances) of a solution containing in 300 grammes of water 6 drops of the 1 in 100 solution of trinitrine. This is an excellent therapeutical agent but it too requires to be closely watched. There remain the iodides which are the typical remedial agents in myocarditis. This treatment has become classic and it deserves to remain so, stimulating as it does the lymphoid organs whose function it is to cleanse the organism and to forestall intoxications, thus accelerating the indispensable eliminations, iodine acts as a hypotensor of unquestionable efficacy.

(The article closes with the recommendation of Riodine, an organic derivative of iodine as being superior to the alkaline iodides.—Editor).

Head Colds.—Dr. T. F. Reilly, in the *Amer. Jour. of Med. Sciences*, in discussing head colds, points to infection as the probable cause in most of these cases and emphasizes the fact that a fair proportion of post-operative pneumonias is due to infection of the patient by the anesthetist who is suffering from a head cold himself. Although there is no specific for the cure of a head cold, the writer claims that we can at least lessen symptoms, prevent complications, and hasten recovery from this ailment which is the cause of a vast monetary loss as well as an inestimable amount of suffering and pain. He has no faith in the efficacy of any abortive treatment, and insists on a restriction of the diet as the first thing to be done and then on early and often repeated purgations. A hot mustard foot bath is particularly valuable on the first and second day of the cold. Draughts, wet feet and crowded places must be avoided. The use of alcohol in the form of beer, whiskey or rum is absolutely contra-indicated; the taking of even small quantities of beer or whiskey impedes recovery. The writer disparages the use of quinine and Dover's powder. He believes that acetyl-salicylic acid does relieve symptoms; acetphenetidin may be added to it if there is much general soreness and pain. In these cases he regards the local treatment as by far the most important and begins with an alkaline spray under fifteen to twenty pounds air pressure. This is repeated until a mild blowing of the nose is not followed by mucus. After the alkaline spray the following spray is used: Acid carbolic, m. iij; iodi, potassi iodidi aa gr. vj; aquae menth., glycerini, aa ʒss; aq., q. s., ad ʒiij. This is sprayed until it reaches the throat. After this an oil spray is employed for about two minutes. The composition of this oil spray is as follows: Ol. cloves, mx; camphomenthol, gr. xxiv; ol. pinus sylvestris, mxx; liq. petrolatum, q. s., ad ʒiij. When the profuse watery discharge is very troublesome a powder consisting of bismuth subnitrate (dr. ij), starch (dr. j), gum arabic (dr. ss), with menthol (gr. ij) or antipyrin (gr. x), may be snuffed up. This usually gives considerable relief.

In cases of bronchitis following head colds, symptoms are alleviated and recovery is hastened when internal medication by expectorants

and narcotics is added to the local treatment as outlined above. It is understood that the above discussion is concerned with cold in the head or coryza an acute catarrhal affection of the nasal mucous membrane, and not with epidemic influenza which is an entirely different disease.

Hospitals, Sanatoria.

All Soul's Hospital, Morristown Fire.

A fire broke out on the top floor of All Souls' Hospital about 5 o'clock A. M. April 4th. Thirty-eight patients were safely taken out and placed in other hospitals. The new brick building opposite was nearing completion; one ward was fitted up hastily and the transfer there of 30 patients was made. The recent campaign to raise \$35,000 resulted in \$24,000 subscribed.

Bridgeton Hospital.

Dr. W. P. Glendon, president of the medical staff, recently presented the report of the staff stating that they had lost six members of the staff during the year, one by resignation, and five have entered the service for the war. He says: As the staff is now constituted, there are four members serving on the medical and three on the surgical service, each member serving a two months' service the same as heretofore.

The report of the superintendent will show that the work of the institution has increased during the year, and we feel a pardonable pride in our mortality rate, believing that it will compare favorably with the larger hospitals in the more populous sections of the country. We have a fully equipped pathological laboratory for the more accurate and scientific study of our cases, but unfortunately as yet we have been unable to find some one to place at the head of that department to develop it to its greatest efficiency. I would like to call the attention of the directors to the uncertainty of the ambulance service and see if some arrangements cannot be made to make it available for night service. The newly equipped and furnished rooms have enlarged our capacity for caring for patients, and we take pride in the knowledge that we now have a hospital that compares favorably with similar institutions in any section of the country.

There were 505 admitted to the hospital last year. There were 37 deaths or $7\frac{1}{2}$ per cent. of patients admitted, or $6\frac{1}{2}$ per cent. if the five who died within 24 hours after admission are deducted. There were 308 operations performed. One hundred and seventy-seven were ward patients paying \$7 per week; 125 cases were absolutely free. The average cost to hospital of each patient treated was \$28.95.

Essex County Tuberculosis Hospital.

A change from \$350,000 to \$200,000 in the estimate of the building committee of the Board of Freeholders for the cost of the proposed new buildings at the County Hospital for Tuberculosis was voted by the finance committee of the freeholders last month, following a conference by the entire board, Health Officer Charles V. Craster of Newark and Messrs. Titsworth and Easton, representing the Anti-Tuberculosis Society.

Overlook Hospital, Summit.

The annual report recently issued shows that during the year 1917, there were 998 patients admitted to the hospital, of which 480 were in private rooms and 518 in the wards. 31 deaths occurred. 693 operations were performed; there were 194 medical and 90 obstetrical cases. Special mention is made of the great help given to the hospital by the Woman's Auxiliary and to the bequest of \$10,000 by the will of David W. Bonnel.

Mahlenberg Hospital Nurses' Training School.

The annual graduation exercises of the Training School for Nurses of Muhlenberg Hospital will be held at the Hartridge auditorium, Plainfield, Thursday evening, May 23, when twelve young women will be given diplomas.

Bonnie Burn Sanatorium.

Dr. J. E. Runnells, superintendent, reports that on March 1st there were present in the Sanatorium 172 patients—104 males and 68 females. During the month 28 patients were admitted; 18 men and 10 women. These were classified as follows: Moderately advanced, 4 cases; far advanced, 21 cases; pre-tubercular, 3 cases. The largest number of patients present during the month was 177—smallest number 166.

Ivy Hall, Sanatorium, Bridgeton.

Ivy Hall, one of Bridgeton's few century-old buildings, has been modernized and made an up-to-date structure by Dr. Reba Lloyd, who purchased it last December and has expended thousands of dollars in making it into a sanatorium which will be the only one of its kind in South Jersey.

Overbrook Hospital Staff Thanks Grand Jury.

Copies of resolutions adopted last January by the grand jury, commending the physicians, nurses and attendants of the Overbrook Hospital for their faithfulness in standing by the institution during the freezing weather when the heating plant was out of commission, will be hung in places of honor at the institution. This plan was explained in a letter of thanks received recently by David A. McIntyre, foreman of the inquest, from Dr. Guy Payne, medical superintendent of the hospital. "It is indeed encouraging," wrote Dr. Payne, "to receive such recognition from a body of our most respected and representative citizens, acting in their official capacity."

Hospital Efficiency.

Dr. J. B. Roberts, Philadelphia, in discussing hospital efficiency, said: Three things must be obtained for efficiency. First, a permanent medical dictator. Somebody must be on duty as a medical man and have control from January 1 to December 31. That is the first thing impressed on me by the Mayo system and well brought out by Dr. Foss. The damnation of small and large hospitals is the fact that nobody is boss and every man who comes on duty every few weeks carries on his work and gives orders something differently. Second, a general form of action and treatment must be

adopted, a standard which everybody must obey. I do not care whether it is a prominent surgeon or physician, or whether a prominent member selected by the staff itself as chairman or president shall give orders to which the other men are obliged to submit. It may be a medical woman who controls, or it may be a good first-class nurse. What is needed is a permanent dictatorship. Next, there must be generalized or standard method that the four, six or ten men must agree to follow—a standard set up by the man who has charge, whether he is elected as is the president of the United States, or obtains the command by inheritance, or by money, as has the Carnegie Fund in some instances. A permanent medical director; a standard; and, thirdly, co-operation between the men who must then show loyalty to the standard and the boss. To effect these reforms in American hospitals, the time must arrive when all the medical officers from intern up to attending physician and surgeon must be given a money reward. It may be small but in these days money counts with all—doctor, lawyer, beggarman, thief and doubtless also with Indian chief.

The Development of New Hospital.

Extract from editorial by I. S. W. in the Amer. Jour. of Surgery.

Hospitals are not merely institutions for the care of the sick and for providing facilities for surgeons and technically trained specialists. They represent vast social agencies for the promotion of the economic and social welfare of those who are afflicted but more particularly for the complete advancement of the community. Unfortunately hospitals have been regarded as charities. The idea of charity in hospital care must be relegated to the background and due appreciation must be given to the fact that the hospital represents a constructive systematic attempt of society to afford rightful protection to the members of a community against conditions for which community life is more responsible than the personal shortcomings of individuals.

The therapeutic aspects of surgery merit interpretation in terms of economics. The disabled soldier, whether in military or civil life, possesses a decreased value. The function of the hospital involves the reclamation of patients to the maximum degree of social effectiveness. Hospitals for the care of the tuberculous, the venereally diseased, the orthopedically handicapped, the mentally unbalanced will increase in number in direct proportion to the intelligent understanding of their necessity and economic purpose.

The extent to which modern armies depend upon the loyal co-operation of the medical profession demonstrates advantages to be secured through trained workers. The basis of medical organization is the hospital. The consciousness of the importance of hospital care is slowly dawning upon the body politic. As a result the hospital movement in this country will grow with rapidity. Hospital expansion will be a measure, not of the charity of the nation, but of its knowledge, understanding, and appreciation, of the worth of hospitals as conservers of the human vital assets which disease and accident attempt to sacrifice.

Marriages.

DEAN.—At Morristown, N. J., April 2, 1918, Dr. Elvira D. Dean to Freeholder Frank D. Abell, both of Morristown.

LANE-HAMMOND.—At Camden, N. J., April 17, 1918, Dr. Edward Lane to Miss Emma E. Hammond of Camden. Dr. Lane was for two years an assistant physician at the Glen Gardner Sanatorium; he is now located at Bloomsburg, N. J.

Deaths.

JOLIFFE.—In the Hackensack Hospital, April 2, 1918, Dr. Charles C. Joliffe of Hasbrouck Heights, from pneumonia, aged 69 years. He was born in Virginia; served in the Spanish-American War.

PATTERSON.—At Chapelhill, N. J., March 5, 1918, Dr. William F. Patterson cerebral hemorrhage, aged 67 years, formerly a Monmouth County Assemblyman.

WHITE.—At Hackensack, N. J., April 2, 1918, Dr. Frank H. White of pneumonia.

Dr. White graduated from the New York University College in 1883. He was a member of the Bergen County Medical Society, the Medical Society of New Jersey and the American Medical Association.

Dr. White was a member of the Medical Board of the Hackensack Hospital as well as attending surgeon. He was chief examiner for the Second District Exemption Board. He was prominent in Masonry and Past Master of the Pioneer Lodge.

Personal Notes.

Dr. Gustav A. Becker, Morristown, was recently elected president of the city Board of Health.

Drs. James S. Brown, Montclair, and C. E. Saulsberry, New Brunswick, won victories in the Pinehurst Golf tournament recently.

Dr. William S. Colfax, Pompton Lakes, was recently elected president of the local Board of Education.

Dr. George W. Finke, Hackensack, had his automobile stolen last month while visiting a patient. It was found next day in the nearby woods robbed of things of value in it.

Dr. Frederick W. Flagge, Rockaway, recently took a ten days' trip for his health, following a severe illness.

Dr. Walter P. Glendon, Bridgeton, has presented the Bridgeton Hospital with laboratory furnishings and a sterilizer.

Dr. Henry H. Janeway, New York, member of Middlesex County Medical Society, has a paper in the A. M. A. Journal, April 13, on "Treatment of Cancer of the Lip by Radium," reporting cases. (See Clinical Reports).

Dr. Charles H. Mayhew, Millville, had his auto much damaged recently in collision with another car.

Dr. Archibald Mercer, Newark, and wife spent a week at Atlantic City last month.

Dr. Thomas H. Platt, Dunellen, and wife recently returned from a two weeks' stay in Florida and Ashville, N. C.

Dr. Rufus B. Scarlett, Trenton, had a paper in the N. Y. Medical Journal, April 6, on "Ear-ache and Its Management."

Dr. George N. J. Sommer, Trenton, read a paper on "Pain in the Right Iliac Fossa," at the meeting of the Bucks County (Pa.), Medical Society on February 13.

Dr. William L. Vroom, Ridgewood, Captain M. R. C., Fort McPherson, Ga., has a paper in Medicine and Surgery, St. Louis, on "A Hitherto Undescribed Sequel to Measles" (see under Abstracts from Medical Journals).

Dr. Fred H. Albee, Colonia, Major M. R. C., has recently left for Camp Greenleaf.

Dr. Frederick L. Brown, New Brunswick, was operated on for nasal disease in a New York hospital last month.

Dr. Lucius F. Donohue, Bayonne, Major 23rd U. S. Engineers, arrived safely in France last month. The regiment took to France a fully equipped ambulance.

Dr. Ralph D. Denig, Hackensack, has been appointed medical examiner of the Bergen County Second District Exemption Board.

Dr. Benjamin Gutmann, New Brunswick, was operated on for stomach disease by Dr. E. J. Ill, last month at the Middlesex Hospital, New Brunswick. He is recovering.

Dr. Harry E. Lore, Cedarville, and wife are receiving congratulations on the arrival of a little daughter in their home.

Dr. Benj. F. Slobodien, Perth Amboy, recently received his commission in the M. R. C. and reported at Hoboken.

Dr. Charles B. Smith, Washington, and family have the profession's sympathies in the death of Cadet Bonyng, the doctor's son-in-law, who was killed at a training field of the Royal Flying Corps in Canada.

Dr. John G. Wilson, Perth Amboy, was confined to his home two weeks last month by a severe attack of rheumatism.

Dr. Henry J. Harp, Sussex, has been elected a director of the Farmers' National Bank of Sussex.

Dr. Frederick W. Marcy, Camden, Capt. U. S. R. C., after an intensive course of training at the Univ. of Penn. in orthopedic surgery was ordered to overseas service and sailed for France early in April.

Dr. William F. Costello, Dover, and wife made a few days' visit last month in Buffalo, N. Y.

Dr. Thomas W. Harvey, Jr., Orange, is orthopedic surgeon, Camp Logan, Houston, Texas.

Dr. Ralph H. Hunt, East Orange, Major M. R. C., was home on furlough from Camp McArthur, Waco, Texas, last month.

Dr. Walt. R. Tymeson, Orange, Lieut. M. R. C., is at the Army Medical School.

Dr. George B. Verbeck, Caldwell, Lieut. M. R. C., is at the Watertown Arsenal.

Dr. Theodore W. Bebout, Stirling, was elected president of the Morris County Mosquito Extermination Commission last month.

Dr. Edward O. Cyphers, Belleville, was re-elected president of the Belleville Board of Trade recently.

Dr. Ephraim Morrison, Newton, who has been seriously ill for some weeks, is reported as recovering.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
California, July	166	150	16
Colorado, January . . .	9	6	3
Dist. Columb., Jan. . .	8	7	1
Florida, November . . .	3	0	3
Minnesota, January . .	4	4	0
Mississippi, October . .	11	8	3
Montana, October . . .	31	26	5
Oklahoma, January . .	3	3	0
Wisconsin, January . .	13	12	1

Public Health Items.

Idleness is the thief of health?

Infected towels spread eye diseases?

Peace hath her health problems no less than war?

Constant vigilance is the price of freedom from flies?

The physical vigor of its citizens is the nation's greatest asset?

Half the blindness in the world could have been prevented by prompt and proper care?

Epidemic of Measles Closes School.

The Layton School, Sussex County, has been closed for a few weeks because of measles. From an enrollment of 41 the attendance fell to eight a day.

Bridgeton Board of Health.

The board reports for March: Births, 26; deaths, 21. The following contagious diseases: Measles, 36; mumps, 11; scarlet fever, 1; diphtheria, 5; typhoid fever, 4; tuberculosis, 4; whooping cough, 3.

Montclair Health Report.

There were 26 deaths in Montclair in March, giving a death rate of 11.5 per 1,000 population. One hundred and thirty-eight cases of communicable diseases were reported in the last two weeks of the month.

Report of Newark Health Department.

Total deaths during March 728. Some of causes: Pneumonia, lobar 138, broncho 42; tuberculosis, lung 81, other organs 5; organic heart disease 73; Bright's disease and nephritis 73; cancer tumors, 36; liver cirrhosis, 7; apoplexy 30; measles 26; diphtheria 7; scarlet fever 2; influenza 8.

Diseases reported: Diphtheria 95 cases; scarlet fever 83; typhoid fever 8; tuberculosis 219; pneumonia, lobar 533, broncho 206; measles 1455; mumps 386; whooping cough 183; erysipelas 25; infantile paralysis 4.

Tuberculosis Clinics, 487 treated—387 children and 100 adults. Child Hygiene: Babies received in March, 159; total treated 2460; deaths 14. Supervised Mothers: Pre-natal care of, total 570; delivered in March, 51; deaths, one mother and one child.

Support the Modern Physician.—We have a science of hygiene, but we live by the health code of the middle ages. The enlightened physician of to-day would broaden his field of individual "cure;" would give skilled service in the common interest for the common good; would prevent, not cure; would substitute

health for sickness, vigor for weakness. Is he supported even by the intelligent?—Oscar Dowling.

Camden Gives Some Health Statistics.

There is no discount on the health statistics of Camden as the report of the Board of Health continues to make clear. A young mother only thirty-six years old, living at 756 Cherry street, has become a mother for the fifteenth time, her oldest child being a daughter of seventeen years. Eleven of the fifteen children live with their parents, and all are reported healthy looking. Camden's pure water and good air supply are still to be conjured at.—Camden Courier.

New Jersey's Feeble-Minded.

In a recent article in the Newark Evening News attention is called to the large number of feeble-minded in New Jersey uncared for. It says: "Annually reports are issued showing that New Jersey has not yet taken care of its feeble-minded. Always the numbers of the feeble-minded said to be at large are in the thousands. Meanwhile the male feeble-minded population, which cannot be admitted to the State institution in Vineland until more adequate provision is made, is either maintained at the Training School, a private institution in Vineland, or allowed to roam at large. * * * At Overbrook, according to Dr. Payne, medical superintendent, there are approximately sixty-five male and thirty-five female feeble-minded patients, and eleven male and nine female idiot patients. A large percentage of these are little children, the same sort as those who are trained and kept as happy as possible with other children at the Vineland State institution. Papers have been drawn up for the transfer of twenty-four feeble-minded patients from Overbrook to Vineland, but here, as ever before, is proof of State delinquency—only female patients can be accepted. There is, as yet, no provision for male patients."

"Army reports have shown the same laxity on the part of this State to fulfil its obligation to those who cannot help what they do, any more than young children can judge for themselves. Figures from these army reports reveal an alarming percentage of feeble-minded men."

"When it is known that out of New Jersey's ranks for Uncle Sam's inspection, medically and mentally, have come thousands of feeble-minded men, so from birth, is it not time to go deeper than annual reports and to confer principally for a definite, broad policy to cover future needs, so that all those afflicted, if not properly cared for in their homes, may be gathered up and put somewhere?"

"There is no suitable place for feeble-minded males in northern New Jersey, other than in alms houses, penal or insane institutions. If we ever have another war, shall we have these same types appearing before our nation as representatives of this State, or shall they be so minimized that all the country may hold New Jersey as a light to lead other communities?"

The most dangerous disease that afflicts humanity is not smallpox, pneumonia, typhoid, or even tuberculosis, which levies its grim toll on one out of every twelve civilized humans. It is

common constipation—not so much a disease in itself as a cause of other diseases.—Edwin F. Bowers.

Ordinance to Cut Food Waste.

The Health Commissioner of New York City, Dr. J. Lewis Amster, has submitted to the Welfare Committee of the Board of Aldermen an ordinance setting a penalty of ten days' imprisonment or \$50 fine for the offense of wasting food. The Health Commissioner has been checking up the amount of food wasted in the city during the past year, and finds that enough has been thrown away to feed 136,000 people, and its value is estimated at \$16,000,000. He finds that the worst waste is through servants in the homes of the well to do, and estimates that in bread alone as much as 6,000,000 pounds a year have been thrown away.

A Backward Community.—"We have no hospital, no visiting nurse, no dispensary and our supervisors make no provision for tuberculosis persons. In things of this kind our county is like the dog's tail—always behind. It seems nothing will get them out of this rut. We have a board of health here and the chairman does not report his own cases, or quarantine, and the restrictions are very poor. Officially we know of but one case of tuberculosis and that was found by the examiners of the exemption board."—Report in Illinois Health News.

Swat the Fly.

After a hard day's work I sat in my easy chair and read what Dixon and Krusen proposed to do to eradicate that pest to humanity, the fly. But in spite of the efforts made to keep awake, sleep mastered, and while I slept I had a dream: A beautiful fly with thousands of eyes stood before me, and the following conversation ensued. I said:

Why don't you die?

Naughty little fly,

You get in my eye;

You get in my pie;

You make me cry.

Nasty little fly,

Why don't you die?

And the answer was this:

I very much want to live, and then to see What Dixon and Krusen will do to me.

To enjoy the hunt of the fly-killing squad,

To hide in a dark corner and sleep and nod;

To raise a family so slick and keen,

They'll think we're gone, because not seen.

And when the weather is murky and hot,

We'll all get out on the vacant lot

Where offal is thrown to fester and rot.

Then we'll fly around, first in, then out,

To infect the food and persons about:

So they may die,

And not the fly.

And when I awoke the trueness of the dream appalled me; the full purpose of their existence was known. We must join the fly-killing squad and "swat the fly," for their victims many times outnumber the deaths and injuries on the bloody battlefields of the world.—Berks, Pa., Medical Monthly.

Tuberculosis Mortality in Greece.—Rondopoulou analyzes various statistics, saying that in the twenty-five years, 1890 to 1914, in the four-

teen larger towns of Greece, 22,008 males died from tuberculosis and 16,526 females. The mortality from tuberculosis during the sixteen years, 1899 to 1914, was 40.8 per 10,000 inhabitants, a figure much higher than in the other large cities of Europe. The deaths from tuberculosis form one-sixth of the total mortality of Greece. All professions and trades are affected, the working classes, especially factory workers, showing the highest mortality.

War and Birth Rate.—For the past four weeks the natural increase of population—the excess of births over deaths—in London has stopped. Last week, according to the Registrar-General, the deaths numbered 1804 and the births 1491, an excess of 313 deaths. In Germany the population figures show a serious death rate. According to the latest published by the Registrar-General, only 282 children were born in Berlin during one week, while 451 people died. In Hamburg the deaths were thrice the number of births, and, taken together, Berlin, Hamburg, Leipzig, Cologne, Dresden, and Breslau show twice as many deaths as births.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

Medical War Manual No. 2. Notes for Army Medical Officers, by Lt. Col. T. H. Goodwin, R. A. M. C., author of Notes for Medical Officers on Field Service in India and Field Service Notes for R. A. M. C.; with an introductory note by Surgeon-General William C. Gorgas, U. S. A.; illustrated. Published by Lea & Febiger, 1917.

"Postgraduate Medicine," Prevention and Treatment of Disease; by Augustus Caille, M. D., F. A. C. P., etc. Profusely illustrated. Published by D. Appleton & Co., New York and London, 1918.

For the minutiae of technique at the bedside and laboratory, the reviewer knows no book in medicine or the medical art that can measure up to or even approach this work of Prof. Caille. Its fullness when such is needed is a source of pleasure; its brevity where for completeness, its presence is its apology, is a source of gratification. It can be confidently recommended as a compendium for the practitioner, and is its own justification for existence by the fact that in it are collected the valuable thoughts and teachings of so thorough an internist as Prof. Caille.

A. A. S.

Blood-Pressure; its Clinical Application. By George William Norris, A. B., M. D., Assistant Professor of Medicine in the University of Pennsylvania; Visiting Physician to the University Hospital; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Third edition, thoroughly revised. Illustrated with 110 engravings and 1 colored plate. Price, \$3.00. Lea & Febiger, Philadelphia and New York, 1917.

Probably no symptom of disease has been the subject of more careful and exhaustive study than variations in blood-pressure. The data thus afforded is invaluable, and its collection and presentation by Dr. Norris adds a worthy work of reference on this subject. In the chapter devoted to "The Functional Efficiency of the Circulation as Determinable by Blood-pressure Estimation and Allied Tests," one looks with some hope of finding a reliable formula for determining cardiac reserve. The author states, "Thus far it must be admitted no entirely satisfactory method has been perfected—". Unquestionably, however, some of the methods about to be described do throw a useful light on the problem under consideration, especially if the results thus obtained are accepted with due reserve." Blood-pressure in Arteriosclerosis; Vascular Crises; Angina Pectoris; Angina Abdominalis, etc. The Significance of Hypertension; Hyperpiesis; The Etiology of Hypertensive Nephritis; and, finally, The Treatment of Arterial Hypertension are some of the captions of exceeding importance and interest to the internist.

F. C. Horsford.

A Text-Book of the Practice of Medicine. By James M. Anders, M. D., Ph. D., LL. D., Professor of Medicine, Medico-Chirurgical College Graduate School, University of Pennsylvania; Consulting Physician to the Jewish Hospital and to the Widener Home for Crippled Children; Officier de l'Instruction Publique, etc. Thirteenth edition, with the assistance of John H. Musser, Jr., B. S., M. D., Associate in Medicine, University of Pennsylvania; Physician to the Philadelphia General Hospital; Physician in Charge of the Medical Dispensary, University of Pennsylvania; Assistant Physician and Chief of Dispensary, Presbyterian Hospital. Price, \$6.00. Philadelphia and London. W. B. Saunders Company, 1917.

This book, like other Practices of Medicine of the same scope, has to recommend it that it appears to be complete, is written in a clear and comprehensive style, has, in particular, some instructive differential diagnostic tables and carries the pathology and treatment of disease up to the present time. The book is printed on rather thin paper so that its bulk is somewhat diminished in relation to its contents.

F. C. Horsford.

The Spleen and Anaemia, Experimental and Clinical Studies. By Richard Mills Pearce, M. D., Sc. D., Professor of Research Medicine, with the assistance of Edward Bell Krumhaar, M. D., Ph. D., Assistant Professor of Research Medicine, and Charles Harrison Frazier, M. D., Sc. D., Professor of Clinical Surgery, University of Pennsylvania. Sixteen illustrations, color and black and white. Price, \$5.00 Philadelphia and London. J. B. Lippincott Company.

The first chapter in this book makes some very interesting historical references to diseases of the spleen and the operation of splenectomy. Several succeeding chapters are concerned with experimental studies on the effects

of splenectomy, including studies in metabolism after this operation. A chapter on the clinical aspects of those diseases of the spleen which may be treated by removal of the organ includes a description of the large-celled variety of splenomegaly (Gaucher's disease), Banti's disease, Von Jaksch's disease, haemolytic jaundice and pernicious anaemia. Of especial interest and instruction to the surgeon is a final chapter on the indications for removal of the spleen and the technique of this operation. The material in this book has appeared in various articles by the authors in different medical publications. The correlation of these essays as one connected story adds a valuable book on a subject not too much written about.

F. C. Horsford.

Annual Reprint of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1917. Cloth. Price, postpaid, 50 cents. Pp. 169. Chicago: American Medical Association, 1918.

This volume contains the reports of the council which were adopted and authorized for publication during 1917. It includes reports of the Council previously published in *The Journal of the American Medical Association*, and also reports which, because of their highly technical character or of their lesser importance, were not published in *The Journal*.

In this volume the Council discusses the articles which were examined and found to be in conflict with the rules for admission to New and Nonofficial Remedies. Among these reports are discussions of such widely advertised proprietaries as *Corpora Lutea* (Soluble Extract), *Wheeler's Tissue Phosphates*, *The Russell Emulsion* and *The Russell Prepared Green Bone*, *Trimethol*, *Eskay's Neuro Phosphates*, *K-Y Lubricating Jelly*, *Ziradol*, *Hepatico Tablets*, *Hemo-Therapin*, *Venosal*, *Surgodine* and *Kalak Water*. A report on *Iodeol* and *Iodagol* covers 51 pages and illustrates the exhaustive investigation which the Council is often obliged to make of proprietary articles. Similarly illustrative of the Council's thoroughness is the clinical study of *Biniolol*, a solution of mercuric iodid in oil, and the investigation of *Secretin-Beveridge*, made for the Council by the physiologist, Professor Carlson, of the University of Chicago. The volume also contains reports which explain why certain preparations, such as *Alcresta Ipecac tablets*, the German-made biologic products and *antistaphylococcus serum*, which were described in the last edition of *New and Nonofficial Remedies*, are not contained in the current 1918 edition. Those who wish to be informed in regard to proprietary remedies should have both the annual Council reports and *New and Nonofficial Remedies*.

New and Nonofficial Remedies, 1918, containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1918. Cloth. Price, postpaid, \$1. Pp. 452-26. Chicago: American Medical Association, 1918.

This annual should be in the office of every physician. It lists and describes all those

proprietary remedies which the Council on Pharmacy and Chemistry has examined and found worthy of the confidence of the medical profession; that is, articles the composition of which is disclosed, which are exploited truthfully and which give promise of some probable therapeutic value. The description of each article aims to furnish a statement of its therapeutic value and uses, its dosage and method of administration as well as tests for the determination of its identity and quality. Articles of similar composition are grouped together and in most cases each group is accompanied by a general article which compares the members of a group with each other and with the established drugs which they are intended to replace. The description of the individual articles and the general discussions are written by experts and furnish information of a trustworthiness unsurpassed by any other publication. The book is especially valuable to the busy physician who desires a concise and up-to-date discussion of such subjects as digitalis therapy, the newer solutions for externally and internally, of *arsphenamine* (salvarsan, *arsenobenzol*, *diarsenol*) and *diabetics*, the value of *sour milk therapy* and *neoarsphenamine* (*neosalvarsan*, *neodiarsenol*), of *local anesthetics*, and other advances in therapeutics.

In addition to this annual issue of the book, supplements are sent from time to time to purchasers. With this volume for ready reference, the physician will be able to determine which of the proprietary remedies that are brought to his notice deserve serious consideration. At least he will be justified to subject to close scrutiny those which have not met the requirements for acceptance for *New and Nonofficial Remedies*.

The book is sent, postpaid, for one dollar. Address the American Medical Association, 535 North Dearborn street, Chicago.

REPRINTS RECEIVED.

"**The Influence of Pregnancy on the Development, Progress and Recurrence of Cancer**," by Wm. Seaman Bainbridge, A. M., Sc. D., M. D., C. M., N. Y. City.

"**Sutureless Skin-sliding Method for the Radical Treatment of Lung Abscess and Chronic Osteomyelitis, Specially Adapted to War Wounds**," by Emil G. Beck, M. D., F. A. C. S., Chicago.

"**The Use of Baker's Yeast in Disease of the Skin and of the Gastro-intestinal Tract**, by Philip B. Hawk, Ph. D.; Frank Crozier Knowles, M. D.; Martin E. Rehfuess, M. D., Philadelphia, and James A. Clarke, M. D., New York.

An elaborate typographical effort which although commercialized by the Fleischman Co. is nevertheless very interesting and instructive, and therefore valuable.

"**The Future of Medicine**," by W. H. Smith, M. D., Ph. D., St. Clair, Mich.

"**Some Essentials of Sickness Statistics**," by Edwin Knoff. Read at the ninth meeting of the Casualty Actuarial and Statistical Society of America, Boston, Mass., April 20, 1917; New York City, Dec. 31 and Nov. 1917.

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New Monmouth Hotel, Spring Lake, June 25 and 26, 1918

FACTS SHOWING THE CORRELATION BETWEEN TUBERCULOSIS AND INDUSTRY.*

By FREDERICK S. CRUM, Ph. D.
Newark, N. J.

At the outset it should be clearly understood that no single factor can alone be held responsible for the morbidity and mortality from tuberculosis in any given trade or occupation. Housing conditions, nutrition, habits, and various other factors enter into the problem, more often making it extremely complex than otherwise. Notwithstanding this admission of complexity, however, certain broad generalizations with reference to industrial conditions as affecting the morbidity and mortality from pulmonary tuberculosis seem to be entirely warranted by a weight of evidence, the importance and validity of which would seem to be beyond dispute. When we consider the mortality by causes, age and sex, with distinction of occupation, and find that the tuberculosis death rate is consistently higher in trades and occupations where the work-place conditions are quite generally bad than in work-places where the environmental conditions are generally good, we are in a position to hazard the hypothesis that the bad work conditions are at least in part responsible for the higher frequency of tuberculosis. Then, if we find on investigation that the other prim-

ary factors, such as housing, nutrition and habits are not materially different in the two classes of occupations—those with good work-place conditions and those with bad—then our hypothesis finds additional support. There have been many studies and investigations made of occupational mortality, but never has there been such wealth of material for the intensive study of the causes of mortality as at the present time, and nowhere else is there such a convincing mass of mortality data as are to be found in the archives of industrial insurance companies. Many of these archives have already been made available to the public through the publications, first, of the Prudential, beginning with 1900, and in later years through the publications of the Metropolitan. It is particularly with reference to the Prudential data that we shall deal for a few moments to-night.

There will shortly be published by the Federal Bureau of Labor an extensive revision of Dr. Frederick L. Hoffman's earlier Bulletin on the Mortality from Pulmonary Tuberculosis in the Dusty Trades. This revision when completed will contain a summary not only of the Prudential mortality experience, but also there will be references to the experience of the Metropolitan, to the mortality in the registration area, to the mortality as reported by the Registrar-General of England, and to every other important source of information anywhere available. The first part of the revision, which deals only with the mining industries and occupations exposing to mineral and metal-

*Read at the N. J. Joint Conference on Tuberculosis, held at Jersey City, Nov. 9, 1917.

lic or inorganic, dust is now in print in the form of proof and will probably be available for distribution within three months. This fact is mentioned to indicate that it will be entirely impossible to deal with such a large subject in any but a very casual way in a brief talk. The first bulletin by Dr. Hoffman will occupy at least 450 pages and there will be a subsequent bulletin covering organic dusts which will be as large.

To illustrate the point that the mortality from pulmonary tuberculosis in the dusty trades seems to be dependent upon the character of the dust breathed as well as the amount, the following statistics are presented. These statistics are for ages 35 to 44 and are from the Prudential Industrial mortality experience for the period 1907-1912.

NON-DUSTY OCCUPATIONS:

Percentage of all deaths due to pulmonary tuberculosis, 32.2; occupations exposing to metallic dust, 44.7; exposing to mixed animal fiber dust, 44.7; exposing to vegetable fiber dust, 42.3; exposing to mineral dust, 39.4; exposing to general organic dust, 37.0; exposing to street and municipal dust, 35.7.

In these statistics by non-dusty occupations are meant males in the total white industrial mortality experience of the Prudential, 1907-1912, from which has been deducted the mortality of white males in the same experience in the six groups of occupations exposing the men employed therein to excessive quantities of the various dusts specified. It will be noted that the percentage of the total mortality due to pulmonary tuberculosis is considerably higher in all of the groups of dusty occupations than for the non-dusty occupations as just defined. In other words, in the occupations exposing to metallic dusts, out of every 100 deaths from all causes, ages 35 to 44, there were 44.7 deaths from pulmonary tuberculosis, as against 32.2 in the non-dusty occupations. Or, in every 100 deaths from all causes at this age there were 12.5 more deaths from pulmonary tuberculosis in the occupations exposing to metallic dust than in the non-dusty occupations.

We must always make sure that it is clearly understood that breathing dust does not necessarily mean taking tubercle bacilli into the lungs or respiratory tract. What it usually does mean is that the vitality of the employee is reduced until in one way or another a pre-existing infection flames up and thus there is developed an active rather than a passive case of tuberculous infection.

Very careful investigations have clearly proved also that the pulmonary fibrosis brought about by the inhalation of stone dust, steel dust, etc., has frequently preceded the onset of the tubercle germ. Sometimes the victim has succumbed to the lung-hardening without the aid of the tubercle germ. Then, too, there are other factors in industry besides dust that induce and favor tuberculosis. Among these we may mention exposure to severe heat, exposure to severe strain, exposure to fumes and gases, poisonous or non-poisonous, exposure to excessive amounts of steam, and long hours of work per day with resultant excessive fatigue, etc. All these and many other factors incidental to industries may break down, and often do break down, the vital resistance of the workers and thus provide a fertile field for the deadly tubercle bacillus.

In all our publicity work along health lines, and particularly in the publicity work with reference to tuberculosis, it ought always to be clearly kept in mind that one of the most common and most damaging things is over-statement. As an explanation of this, attention may be directed to the publication entitled "The Teaching of Hygiene and Safety," published February, 1915, under the auspices of the Department of Public Instruction, State of New Jersey. In Appendix K, p. 155, of that publication the following statement is made: "It has been shown that in the United States more teachers die of lung tuberculosis than do people engaged in other occupations." To say the least, this is an ambiguous and misleading statement. As a matter of fact, the mortality from pulmonary tuberculosis among teachers is comparatively low. Emphasis, however, could reasonably be placed upon the fact that any tuberculosis among school teachers makes the problem an important one, because of their intimate contact with young children, who are most susceptible to infection. In a comparison of the mortality of teachers and innkeepers, based upon English data, the fact is brought out that among innkeepers ages 25-34 the mortality from pulmonary tuberculosis was nearly three times as high as among teachers. The death rate per 1,000 of teachers was 1.56 and for innkeepers 4.52. At ages of 35-44 in the same experience the mortality from pulmonary tuberculosis among teachers was 1.24, as against 5.36 for innkeepers. In the registration area of the United States for the years 1908-1909, the only period for which the data are available, the proportionate mortality of male teachers, ages 35-44,

was only 20.4 and of female, 19.7. These percentages are not excessive and really indicate a worse condition as regards tuberculosis than actually exists, for the reason that the general mortality of teachers at those ages is low, as it is an occupation protected against many of the hazards incident to other occupations. This being so, the proportionate mortality from tuberculosis can easily be relatively high, although the tuberculosis death rate may be very low, as it actually is. In this book of instruction of the Department of Public Instruction, New Jersey, the statement that the mortality from pulmonary tuberculosis among teachers is high is repeated, and on p. 62 we read the following sentence: "It is the practical first step in reducing 'school diseases,' including tuberculosis, which increases all through school years (except in open air schools) and among teachers, at a mortality rate higher than among the general public." Here, again, is a sentence which is difficult to understand, and is besides, to say the least, a misstatement.

It is interesting to note that the Federal Census Office next year proposes to prepare an extensive monograph on Occupation in its Relation to Tuberculosis. It is understood that this investigation will cover the calendar year 1918 and will be the most elaborate and extensive investigation into the general subject ever made by the Census Bureau.

Another important point in any general discussion of tuberculosis in its correlation to industry is the importance of early diagnosis and the early reporting of cases, so that the victims can get treatment while they are still in the incipient and more readily curable stage of the disease. To accomplish this result, it is highly important that there be readily available night clinics to which employees in any given city or district may repair for an accurate diagnosis by physicians qualified to discover tuberculosis in its incipient stage.

Summarizing, it would seem that the best means of preventing tuberculosis in industry are the following: (1) Removal of dust, fumes, steam, gases, etc., from the point of their origin; (2) making of work-places sanitary and thus inducing cleanliness among the workers, not only at the working-places, but at their homes; the psychological effect upon the workers of a decent work-place is not the least important of the factors making for general cleanliness and hygiene among workers; (3) the wages of the workmen should be sufficient for the maintenance

of a decent standard of living; (4) facilities should be available for the physical examination of the workmen through public clinics, or clinics in the larger industrial establishments, where the workmen may have the benefit of a thorough examination by physicians qualified to discover disease, including tuberculosis, before its ravages have become such as to be incurable, or curable only with extreme difficulty; (5) last, but by no means least, the importance of the visiting nurse must be clearly realized, not only by industrial workers, but also by the employers and the general public. Only through the services of the trained visiting nurse can the necessary "follow-up" work be carried on successfully, and, after all, a large part, probably the larger part, of the preventive measures for tuberculosis are those which can be put into effect in the homes.

A REVIEW OF SOME INTERESTING STATISTICS AND NOTES ON TUBERCULOSIS.*

BY HYMAN I. GOLDSTEIN, M. D.,
Camden, N. J.

It is impossible to make a statistical study of the incidence and mortality of tuberculosis over an extended area of the United States for any considerable period of time—because of an absence of reliable vital statistics. Up to 1910 the registration area included only eighteen of the 46 States of the Union.

Statistics have suffered in reputation because of the seeming truth of the trite statement that you can prove anything by figures. In reality figures are but evidence upon which conclusions may be based. Statistics are derived from the collection and numerical classification of observations relating to certain facts or events. In the making of statistics the first and essential step is the recording of observations. After the observations have been noted, a numerical compilation of their frequency or of the frequency of certain of their conditions or attributes is possible. The derived statistics being but a numerical classification or analysis of the recorded events, depend primarily for their usefulness upon the accuracy of the original records of all facts. They depend secondarily upon the accuracy of statistical classification and compilation. Sources of error are not few—mortality rates secured by lax enforcement or faulty

*Read before the Camden City Medical Society, April 2, 1918.

methods of registration cannot be properly compared with those based upon complete registration. The most common error entering into death registration and, therefore, into mortality statistics, is in connection with the *statement of the cause of death*—which may be a mistaken diagnosis, or a desire to avoid giving the correct cause of death for various reasons, at the request of the family, etc. (Vital Statistics, John W. Trask, U. S. Public Health Reports. April 13, 1914).

It is quite safe to assume that in medical practice at large the percentages of correct diagnosis would be found to be even lower than those found by Cabot, whose cases were studied as hospital cases under conditions assumed to be most favorable for correct diagnosis. (Richard C. Cabot in the A. M. A. J., Dec. 28, 1912, p. 2295). In out of three thousand autopsies, Cabot found that the percentage of correct diagnosis in various diseases was as follows:

Phthisis, active, 59%; miliary T. B., 52%; chronic myocarditis, 22%; acute nephritis, 16%; diabetes mellitus, 95%; typhoid fever, 92%; lobar pneumonia, 74%; etc., etc.

TUBERCULOSIS IN THE UNITED STATES.

Tuberculosis is one of the most curable of chronic diseases. According to recent teachings we all have a little tuberculosis—this little tuberculosis, however, in sixty per cent. or more, of the community results only in a beneficent immunity, and surely does not by any means lead to a fatal issue in the remaining forty per cent. Those that die of tuberculosis are largely the weaklings, the men of poor development, the dissipated, etc.

Army—(Lessons from the War as to Tuberculosis—Geo. E. Bushnell, M. D., Colonel U. S. Army, A. M. A. J., March 9, 1918).

According to Bushnell—the results of the examination of the entire army of the U. S. for tuberculosis—a total of 800,000 men, at the time, showed the number of cases detected as somewhat less than 1% of the total number examined. Each tuberculous patient returned from Europe will cost the government about \$5,000, and it is a conservative estimate that the tuberculous soldier who never leaves this country will cost on an average \$1,000, including pension. These 7,000 cases probably detected—and even if these men were all eliminated from the army before they could justly claim pensions as the result of their army service, the saving to the government will be at least \$7,000,000.

Laws—The immigration Exclusion Act applying to tuberculosis individuals took effect in 1907. This prevents the entrance into the country of aliens presenting obvious symptoms of the disease, and provides for deportation of any who develop tuberculosis within three years after their arrival. Incomplete as they are, the mortality statistics of the census form the only source of information in regard to the actual prevalence of tuberculosis (and other diseases) in the United States or any considerable portion of it. For a general examination of the occurrence of tuberculosis even as restricted to the States of the registration area, it is therefore necessary to resort to the compilations made by the Bureau of the Census, which present the data with absolute uniformity so far as method of compilation is concerned, and with all of the accuracy that is obtainable from the original returns. Tuberculosis does not, as a rule, show very marked fluctuations from year to year, and so the statistics given for several years back may be taken equally with those for the present as representing present conditions with some exceptions. One cannot state the total number of deaths in the U. S. from T. B., but from a study of various tables, one could state that 150,000 to 200,000 deaths are occurring each year from this disease. For the year 1907—in the then registration area with an estimated population of 41,500,000—or 48% of the total population of continental U. S., at that time, 76,650 deaths from various forms of T. B. were reported.

Race—The mortality of the colored population is much higher than that of the white population from this disease. The negro death rate from T. B. of the lungs is markedly higher than the white death rate, not only in cities but also in rural districts.

Number of deaths from T. B. of lungs per 100,000 of population in 1907:

	White	Colored
Rural Maryland	106.5	230.2
Louisville, Ky.....	161.0	328.1
New Orleans, La.....	231.6	498.0
Baltimore, Md.....	182.2	498.2
Kansas City, Mo.....	129.3	679.8
Memphis, Tenn.....	118.3	249.7
Washington, D. C.....	153.6	448.0

Indians—Thirty-five and eight hundredths per cent. of all deaths among our Indians were due to T. B. during 1915.

The death rate of the total white and colored population of the registration area from T. B. of lungs was 158.9 per 100,000 for the year 1907. The death rate of the

colored population of rural Maryland is 230.2 per 100,000. It could be fairly stated that about 190,000 deaths occurred in the U. S. from T. B. or from causes that might be considered or were "probably tuberculosis," in 1907. In 1900 the colored death rate from pulmonary T. B. (from the registration area of 1900) was 490.6 per 100,000 of colored population, the white death rate was 173.5—the negro death rate being 18% higher.

Tuberculosis has been decreasing more or less steadily both in its absolute and in its relative importance as a cause of death for many years. The death rate per 100,000 of population from all forms of tuberculosis declined, as follows, in the registration area of the U. S. from 1880 to 1907: Death rate; per cent. of decrease: 1880, 326.2; 1890, 267.4, per cent. of decrease, 18.0; 1900, 201.2, per cent. of decrease, 24.8; 1907, 183.6, per cent. of decrease, 8.7.

The decline has been especially marked in Massachusetts. In Massachusetts for the period 1851-1860, over a quarter of the deaths at all ages (257.5 per 1,000) were from T. B., while 1901-1906, less than one-seventh (131 per 1,000) were from this cause.

The annual average death rate of the U. S. is 169.9 per 100,000 population for the years 1901-1905. That of Austria, 334.8; Germany, 185.8; Italy, 114.9; Japan, 146.3; Servia, 279.7; Netherlands, 133.4.

Form of T. B.—(Registration area of the U. S. for the year 1907). Number of deaths from all forms of T. B., 76,650.

Number of Deaths—T. B. of lungs, 66,374; T. B. of larynx, 690; T. B. meningitis, 4,062; abdominal T. B., 2,629; tuberculous abscess, 65; Pott's disease, 594; White swelling, 269; T. B. of other organs, 713; general tuberculosis, 1,254.

Nearly nine-tenths of all of the deaths from tuberculosis are due to tuberculosis of the lungs.

Sex—During 1900 the death rate of males from tuberculosis of the lungs was 188.4 per 100,000 population, while the corresponding death rate of females was only 163.3. The mortality of males exceeded that of females from this disease by 15.4%. This difference has begun to be noticed during the past ten or twenty years and may be due to a progressive tendency among women to live more in the open air than formerly; then, again tuberculosis affects nutrition, and women are perhaps more resistant to conditions affecting nutrition than are men. According to Sir J.

A. Baines in India, "Women appear to succumb to famine less than the other sex."

States with a large proportion of urban population will tend to have higher death rates from T. B. of lungs than those chiefly rural in constitution. Thus in 1907 the rates for New York (171.6), New Jersey (170.6) and Rhode Island (163.6)¹ exceeded those for Indiana (140.2), Maine (134.3) and Michigan (88.7).

Age—Approximately 28% of the deaths from tuberculosis of the lungs occur between the ages of 25 to 34 years; 21% from 15 to 24 years; and 20% from 35 to 44 years. Over two-thirds (67.4) of the deaths from T. B. meningitis are those of children under 5 years of age. Tuberculosis kills men and women chiefly in the most active, most productive period of life, when their work is worth the most to themselves, to their families, and to the world. Nearly a third (33.2%)¹ of all of the deaths, male and female, between 15 and 29 years of age are due to tuberculosis in some of its forms. Thirty-eight and three tenths per cent. of all deaths for females between 15 and 29 years are due to some form of tuberculosis. In Collier's July 25, 1908, in an editorial, "Expressed in Money," Hunter has estimated the average cost of preparing a man for usefulness at \$1,500. If we could master tuberculosis, the saving in money to the U. S. would be \$330,000,000 per year.

In the Maryland Medical Journal, February, 1904, Frederick L. Hoffman of the Prudential Life Insurance Co. says, T. B. causes annually more than 150,000 deaths in the U. S. at the average age of 35 years; and that there is a real loss of life, measured in time, represented by 4,800,000 years per annum. At the age of 35—the normal after lifetime being about 32 years. The money value—the loss—may be estimated as over \$240,000,000 per annum. According to another author, "T. B. in the U. S." Pamphlet issued by the Department of Commerce and Labor in 1908. The approximate average age at death of the persons dying from pulmonary tuberculosis in the U. S. is practically about 35 years, also, that of 42,734 deaths of males from all forms of T. B. in 1907, in the registration area, 28.2% were at ages 15 to 29 years, including both, 14.423 or 33.8% 30-44: 9,679 or 22.6% at 45 to 64. That is from 15 to 44 years—the younger and probably most efficient period of industrial activity—there occurred 61.9% (nearly two-thirds), 26.458 of all the male deaths from tuberculosis!

Conjugal Condition — The lowest rate was that of married women aged 45 to 64, the highest death rate from pulmonary T. B. was that of widowers aged from 15 to 44 years. The death rate of unmarried males age 15 years or over from T. B. of lungs was considerably higher than of unmarried females of the same ages. The death rates of married males and married females were about the same—according to census mortality statistics of 1900. The widowed (465) male rate considerably exceeded that of the female (235).

Occupation: The highest death rates from Pulmonary T. B. per 100,000 (in 1900) was that of marble and stone cutters (540.5) followed by that of cigarmakers and tobacco workers (476.9), compositors, clerks, copyists (398). Laborers (not agricultural) showed a high rate (370.7), but farmers, planters, and farm laborers had one of the lowest rates for males in the list (111.7). Pharmacists have a high rate (over 300). Doctors and surgeons about 150; bankers, brokers, etc., have the lowest rate—100. Clergymen, 120.

Among females, servants give the highest death rate (319.7), followed by telegraph and telephone operators (205); book-keepers and clerks (198). Nurses and midwives 100.2, and the lowest rate by laundresses (94.4). School teachers, 126.1. All occupied males, 236.7; all occupied females, 172.8.

States and Cities: New Jersey, our own State was the second State in the union to collect and record vital statistics, and the records are very complete since 1879. They show decline in the T. B. death rate, though to a much less degree than is the case with Massachusetts. The State sanatorium at Glen Gardner was established in 1907. In New Jersey the mortality has been steadily diminishing during the past twenty years. This is mainly due to the hygienic revolution which has occurred within that period. In the 31 years from 1879-1910 there were 105,200 deaths from consumption and 60,404 deaths from typhoid fever, scarlet fever, puerperal fever, whooping cough, measles, malarial fever, erysipelas, acute rheumatism and smallpox all combined. The average annual death rate from all causes per 10,000 for 31 years was 175.1. The average annual death rate from consumption per 10,000 was 20.96. In 1879 there were 20,444 deaths in New Jersey. 2,788 being due to consumption out of a population of 1,020,584. The proportion of deaths from T. B. per 10,000 population

being 27.32 in 1879. In 1909 there were 36,359 total deaths; deaths from T. B., 3,608. Proportion of deaths from T. B. to total number of deaths 9.92. Deaths from T. B. per 10,000 population, 15.34, out of a population 2,352,522. A reduction from 27.32 (1879) to 15.34 (1909) has therefore occurred in New Jersey during 31 years.

Ages at death: Under 1 year, 441; 1 to 10 years, 681; 10 to 20 years, 2,472; 20 to 30 years, 8,506; 30 to 40 years, 8,281; 40 to 50 years, 5,316; 50 to 60 years, 3,021; 60 to 70 years, 1,848; 70 to 80 years, 776; over 80 years, 184; not stated, 12.

16,787 deaths from T. B. out of 31,538 or over 50% of all deaths from T. B. occurred from 20 to 40 years of age. Pulmonary T. B. comprised 95% of all cases of T. B.

Camden City and County: During the year ending Dec. 31, 1915, in Camden City there were 2,281 births and 1,611 deaths; in the whole county there were 3,382 births and 2,481 deaths. Tuberculosis of the lungs caused 234 deaths in Camden County during 1915, or a trifle less than 10% of all deaths in the county were due to pulmonary T. B. This does not include 7 deaths due to acute miliary T. B., 9 deaths due to T. B. meningitis, 7 deaths due to abdominal T. B., 2 Pott's disease, and 3 from other forms of T. B. Total deaths from all forms of T. B., 262 or over 10% of all deaths. During 1915 there were reported 432 cases of T. B. from Camden County. In Camden City there were reported 316 cases of T. B., and there were 143 deaths from this cause in the city, out of a total of 1,611 deaths, or a trifle less than 9%; 72 occurred between 20 and 40, that is 50% of all deaths due to T. B. occurring in Camden City occurred in age period 20-40; 51 deaths occurred between 20 and 34 or more than 35%.

Now take Newark City, a large well populated city. Here we have 845 deaths from T. B. out of a total of 5,300 deaths, or over 16% of all deaths in Newark during 1915 were due to T. B.

In Jersey City eleven hundred and sixty-nine (1,169) cases of T. B. were reported; 578 deaths out of a total of 4,452 deaths were due to T. B., or over 12%.

In Paterson 366 cases of T. B. were reported; 180 deaths out of 1,760 deaths, or nearly 10% were due to T. B.

So that Camden City has a very favorable comparative standing.

New York City: In 1881 with a population of less than 1,250,000 had a phthisis death rate of 4.27 per 1,000 inhabitants. In 1910 with a population of more than 4,800,-

000 the phthisis death rate has been reduced to 1.8 per 1,000 inhabitants, a decline in the death rate of T. B. of more than 50%.

Decline in T. B. Mortality Rate: From tables made by Dr. Frederick L. Hoffman, statistician of the Prudential Life Insurance Co., it appears that actual reduction in the phthisis death rate has been about 50% from 1881 to 1910: Vienna, from 6.85 to 2.74, or a decline of about 60%; Budapest, 7.15 to 3.40, or 52.4%; Paris, an exception, from 4.41 to 3.74, or only 15.2%; London, from 2.22 to 1.32 or 40.5%.

During the 5 years ending with 1910, the mortality of Copenhagen from T. B. was 1.36 per 1,000; London, 1.32; The Hague, 1.24. New York shows a decline from 3.98 to 1.97, or 50.5%. So far as the municipal control of tuberculosis is concerned New York stands as a world model.

Massachusetts has kept satisfactory records since 1842. From these records it is learned that the phthisis death rate has fallen in Mass. more than 54% since 1850. The relation between segregation and other State sanitary measures and a declining phthisis death rate is well illustrated by Mass records (and also those of Germany and Denmark). Mass. was the first State in the union and the first government in the world to establish a State institution for the exclusive care and treatment of T. B.

The following are the case rates and the death rates of pulmonary tuberculosis in Massachusetts for the years specified:

	Case Rate	Death Rate
1897	*	207.0
1902	*	162.1
1907	143.6	150.9
1913	207.6	116.9
1914	196.2	114.5
1915	217.0	113.1
1916	208.5	117.1
1917	217.3	119.5‡

* Figures not available.

‡ Approximate figure.

In the 3 years, 1913, 1914, 1915, there occurred 12,545 deaths in Mass. due to pulmonary tuberculosis. Of these deaths 8,713 occurred between 20 and 49 years of age; or over two-thirds of all phthisis deaths occurred during this most active period of life; 6,371 or over 50% occurred between 20 and 39 years of age.

In California no less than 15% of all deaths that occurred during 1907 were from T. B. In Colorado, even more, 16.4%; while in Michigan only 7.4% of all deaths were due to T. B. Vermont, 8.1%; New Hampshire, 7.6%; but we must remember

that consumptives go from New Hampshire, Vermont and Michigan to California and Colorado, and their deaths are charged up against these States; these deaths should be charged back to the States in which the disease originated.

In other countries: In Ireland there has been an increase in the phthisis death rate of 18% since 1866. In Scotland the death rate of phthisis has declined 4.3% (according to Herbert Maxon King). In Germany there has been a decided fall in the death rate of T. B. during recent years. Germany is the home of the sanatorium. In 1909 alone insurance institutions provided sanatorium treatment for 42,232 T. B. patients.

Denmark has always had a comparatively low death rate from T. B. From 1903-1907, inclusive, the mortality from all forms of T. B. was only 2 per 1,000, and from pulmonary T. B. only 1.5 per 1,000. Preventative measures are conspicuously directed to the control of *animal* T. B., and the prevention of infection from animal sources. These precautions followed, naturally upon Bangs' demonstration that by means of the tuberculin test and isolation of infected cattle, animal tuberculosis could be practically exterminated. Numerous other sanitary measures were enforced in Denmark. No person with open pulmonary or laryngeal T. B. is eligible for a situation in the public service, etc. In England in 1906 the urban counties showed a death rate from phthisis of 149.3 per 100,000 of population; while the corresponding rate for rural counties was 129.2, the excess of urban mortality being 15.6%.

Tuberculosis Among Soldiers: Early in the war it was reported, on the authority of Landouzy, that during the first year of the war 86,000 soldiers were discharged from the French army on account of T. B. This, however, was later shown to be exaggerated, because under careful observation it appeared that less than 50% of this 86,000 are now officially recognized to have T. B. Major Rist believes less than 20% of these 86,000 are really tuberculosis. The old saying is: "Give a dog a bad name and it is hard for him to lose it." Again, a diagnosis of T. B. once made for a given patient is likely to be sustained. The self-distrusted physician may think the diagnosis to have been made by one of diagnostic ability superior to his own and is afraid to say such a man does not have T. B.

Blumel, in Germany, has reported that of cases supposed to require sanatorium treatment, examined by him, less than 20% had

active T. B. Major Rist of the French army examined the men sent back from the front with the diagnosis of T. B., and found the disease present in less than 20% of the cases. ("Tuberculosis Among Soldiers."—E. Sergeant in the *Presse Medicale*, Paris, Jan. 3, 1918.) Sergeant reported a year ago that 15% of the soldiers sent to him to confirm the diagnosis of T. B. *proved to be clinically free from it*. This proportion has increased since to 35%.

In another large group were men with signs of T. B., but no tubercle bacilli were to be found in the sputum, and he urges that those in this class should be re-examined at intervals. Some throw off all the symptoms but others finally show the bacilli in the sputum.

(A. P. Francine, J. W. Price, Francis B. Trudeau, A. M. A. J., Dec. 23, 1917). Examination of candidates for T. B. at the second Plattsburg Training Camp showed the following results:

Number of candidates in reserve officer's training camp examined; 3,134; accepted, 3,121, or 99.58%; disqualified because of tuberculosis, 8, or 0.255%; healed lesion reported and passed for active service, 3, or 0.095%; recommended for special service, 2, or 0.063%; found to be tuberculous, 13, or 0.414%.

Examination of regulars: Enlisted men examined, 584; accepted, 578, or 98.97%; disqualified because of T. B., 5, or 0.85%; special service, 1, or 17%; found to have T. B., 6, or 1.027%.

The number of cases of T. B. was twice as high (1.027%) among the regulars as among the candidates (0.41%) for officer's commissions.

(Maurice Fishberg, M. D., in A. M. A. J., June 16, 1917, "T. B. and War"). Fishberg states that it has been shown that there are 100,000 tuberculous ex-soldiers in France at present. We must consider, however, that 6,000,000 or more soldiers have been engaged in this war fighting for France. He believes that he is safe in concluding that tuberculosis is not more likely to occur in soldiers during active warfare than in civil life.

Figures published by Renon, in Paris (1916) *Medicale*, shows clearly that T. B. has not increased among the civil population of France since the war began. Despite the large number of tuberculous soldiers in the European armies, cases of tuberculous infection acquired while serving during the present war have been nil. The reason is that most adults have been infect-

ed with tubercle bacilli during childhood, and have thus been immunized against exogenic reinfection with the same virus, and they are just as safe in the army as in civil life. In the vast majority of cases of T. B. discovered among soldiers, it was ascertained that they had been affected with the disease before enlistment. Reactivation of old dormant lesions may occur in civil life and do not occur any more in military life. Records show that no previous war has increased the T. B. mortality and morbidity.

Reiche (Ztschr. f. Tuberk. 1915, 24), in Hamburg, has shown that no increase in the tuberculosis mortality occurred during and after the Franco-Prussian War of 1870-71. The same was true in the U. S. after the Civil War. Schroeder, (S. Schroeder-Ztschr. f. Tuberk. 1915, 24) from observations of German soldiers during the present war, emphasizes that opinion that exposure to tubercle bacilli plays no significant role in the causation of active tuberculosis in the German army. He has not seen a case of primary tuberculosis acquired in the campaign. The same has been recorded for the English and Russian armies. At any rate, it is certain that T. B. is no more liable to develop in soldiers than in the civil population.

August Predoho (Ztschr. f. Tuberk. 1915, 24) before the Medical Society of Hamburg, Germany, as the historian of T. B., stated that he found that T. B. has not increased among the soldiers in active service. Among 5,000 medical and surgical patients treated in the military hospital under his care, only 18 showed symptoms and signs of active tuberculosis. In another hospital Kassman encountered only 17 T. B. patients among 3,000 soldiers.

In Russia, Sauvin (V. W. Sauvin Russk Vrach. 1917. 16;26) having under his care 100,000 sick and wounded soldiers in the military hospital of Moscow, found that among 26,524 medical cases there were 955 cases of pulmonary T. B. Pulmonary T. B. was thus found in 3% of the cases. How unlikely. T. B. is to develop in soldiers in active duty is clear when the rarity of surgical T. B. in wounded and injured soldiers is considered. It is extremely rare for T. B. disease of the bones and joints to follow injuries among soldiers, whereas it frequently follows in the wake of injuries in civil life.

In conclusion, I wish to quote Osler. (The Tuberculosis Soldier, Lancet, London, 1916, II, 220). He states that of 1,000,000 enlisted men between the ages of 18 and 40,

the proportion to develop T. B. is probably much smaller than if these men had remained in civil life. The circumstances of the soldier's life, as a rule, do not weaken but strengthen the body's resistance. The Osler predication was correct. Osler tersely states that, "in a majority of cases the germ enlists with the soldier." (*Lancet-London-1916, II, 220*). He believes with other observers, that those of the soldiers who show signs of tuberculosis during their army life have had the disease prior to entering the campaign.

AN EASY WAY OF DETECTING TUBERCLE BACILLI IN SPUTUM BY THE USE OF THE ANTI-FORMIN SPUTUM CUP.

By M. JAMES FINE, M. D.,
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Within the last ten years valuable advances have been made in the more definite examination of sputum. Before this time it was more or less of a gambol as to whether the tubercle bacilli will be demonstrated in a suspected sputum, even where all the clinical symptoms pointing to an active tubercular process were present. Only a positive finding was of significance; a negative finding was practically disregarded. Those interested in phthisiology endeavored to place the examination of sputum upon a more mathematically exact basis, so that the non-presence of the bacilli should carry with it a positive exclusive value. Even if we cannot maintain to-day the belief of certain phthisiologists that the absolute diagnosis of a tubercular process depends entirely upon the demonstration of the presence of the specific bacilli, we can, however, readily understand that with more exact means of determining their presence, this will become the accepted dictum.

The difficulties in the ordinary smear methods of examining sputum have long been appreciated. Only a small particle can be selected at a time, spread upon two slides, properly stained and examined. The selected particle may not contain the bacilli but other particles may. Therefore, the process is wearisome, time-consuming and

generally unsatisfactory. Careful experimental evidence has established the fact that at least 50,000 t. b. must be present in a c.c. of sputum before their presence can, after a most painstaking search, be demonstrated and that 500,000 to the c.c. must be present before they can be discovered with comparative ease.

In a communication, published in the *Journal of the A. M. A.*, I called attention to some of the elements of dissatisfaction with the prevalent methods of sputum examination and took occasion to point out the necessity of selecting the so-called rice bodies for our smears. I also suggested a procedure more expeditious than the ordinary smear, namely the pouring off of the watery, mucus portion of the suspected specimen, subjecting the more solid residue to the sunlight or a temperature of 90°C and then using for smears the dessicated crusts rubbed up with sterile water. This procedure had proven more accurate in my experience than those in vogue at the time.

In 1908 Ellerman and Erlander by auto-digestion of the sputum by the admixture of dilute sodium carbonate and subsequent treatment with dilute sodium hydrate claimed that they obtained better results than was possible with the methods then extant.

Prior to 1909 many other methods were suggested all with the view of rendering the sputum more homogeneous, precipitating the bacilli, sedimenting and centrifugalizing the sputum; the purpose of these suggestions was the concentration of the bacilli into a more compact mass. They bore no practical results. When, however, early in 1909 antiformin, a most powerful organic solvent, was announced to the medical public as an adjuvant in the more accurate examination of the sputum, a distinct improvement on our makeshift methods was inaugurated.

Antiformin a proprietary compound, much used in breweries to free the fats of organic waste, consists of equal parts of caustic soda 15% and liquor sodæ chlorinatae. It was Uhlenhuth and Xylander who published a description of their methods of applying the dissolving properties of antiformin to sputum work. They pointed out the fact, very quickly confirmed by other observers, that although antiformin dissolves all other bacteriæ very readily, the tubercle bacilli retained their vitality in a 20% solution for twelve to twenty-four hours and held their characteristic form and peculiar staining qualities for eight days.

In this connection it may be of interest to note the report of Goerres, a most accurate observer. In examining four smears from each of 296 specimens of sputum—he demonstrated 96 positives by the first smear; 24 more by the second—9 more by the third and 5 more by the fourth smear of the remaining 162 apparently negative sputa, he demonstrated, by the antiformin method, 28 more positives or a 19% increase over the usual findings.

In the latter part of 1909 Haserodt claimed an improvement on Huhlenhuth's method; he thoroughly washed up the sputum with antiformin and when the mass became homogeneous, shook the mixture thoroughly and placed it in a waterbath at 60°C. The lighter fluid rising to the top, carried with it the t. b. which clumped together most thickly at the ring of junction between the layers. This procedure, he urged, dispensed with the use of the cen-

call "The Antiformin Sputum Cup"; this will, I believe, prove of particular benefit to the private laboratories and to general practitioners sufficiently interested in tuberculosis to desire to make their own examinations of suspected sputum. This cup with the antiformin solution are given to the patient with proper instructions how to admix the sputum with the antiformin. The essential principles operative are: the insolubility of the t. b. in the antiformin and the filtering of the homogeneous mass through an exceedingly fine filter upon which as a residue the t. b. are found clumped together most abundantly.

The cup consists of two metal receptacles D. and E. the joining ends of which are provided respectively with a fine screw thread and groove, so that they may be screwed together tightly without any leakage of contents. The outward aspect of the cup is represented by Fig. I. in the illustration.

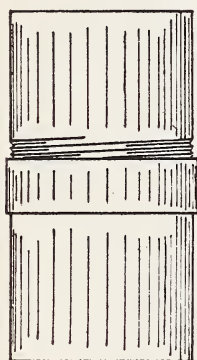


FIG. 1.

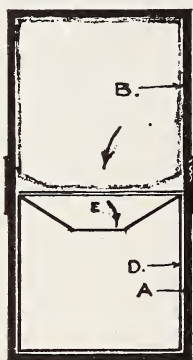


FIG. 2.

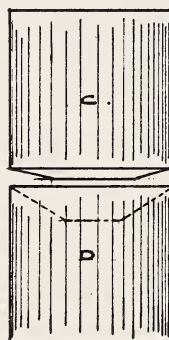


FIG. 3.

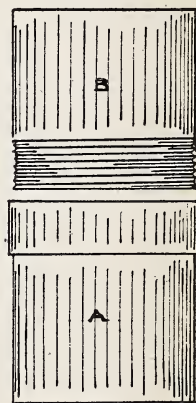


FIG. 4.

The antiformin sputum cup: Fig. 1, the sputum cup with the receptacles, containers and mixture as sent to the patient; Fig. 2, the action of the antiformin and filtrative; Fig. 3, the containers in the sputum cup; Fig. 4, the receptacles and the screw thread for adjustment.

trifuge. In 1911 Lorenz heated the antiformin mixture over a flame and claimed that in this way it rendered the sputum homogeneous more rapidly.

Since that time no appreciable change has been made in the examination of suspected sputum; the antiformin method has withstood all attacks and brushed aside all skepticism. To-day it is established as an indispensable adjunct in our sputum work; the solitary drawback, often a serious one however, is the prolonged time its employment necessitates. Eliminate this factor and the process becomes ideal. My sputum cup has precisely this for its object.

For a more expeditious use of the antiformin process, I have devised a special sputum cup,* which I have thought best to

Fitting snugly into the lower receptacle is a metal container constructed on the same principles as that of an unspillable ink-well, made of tin and properly soldered denominated A, and in the upper receptacle is a similar container marked B; this container is provided with a well-fitting cork and holds the antiformin solution. A fine metal filter C, consisting of two circular pieces of finely meshed metal copper gauze between which is a layer of filter paper, fits snugly over the container A, so that when the outer receptacles are screwed together the filter is firmly set.

The patient is instructed to invert the sputum cup and take out the antiformin

*A. M. A. Jour. April 21, 1917.

container C; he is further instructed to expectorate into the upper receptacle B, and when one-fourth full to unstopper container C, pour its contents into the sputum, screw the cup together, throw away container B, invert the cup and send it to the physician by parcel post or retain the cup for 12 hours before bringing it to the physician's office.

Mode of action: Fig. 2 crudely represents the antiformin mixture passing downward into receptacle D. The antiformin dissolving the organic matter in the sputum and all other bacteriæ except the t. b.; the filter acts as a trap for the untouched bacilli enmeshed in the waxy insoluble material surrounding them; the shaking incident to the journey from patient to laboratory helps somewhat in the more rapid solution. Result: a residue on the filter, which when washed with sterile water to free it of antiformin, can at once be used as a smear, stained with the usual Ziehl and Nielson carbo-fuchsin, methylene blue which will reveal most satisfactorily the presence or absence of the tubercle bacilli.

The advantages of the antiformin sputum cup are the rapid application of the antiformin method and the expeditious determination of the nature of the suspected sputum. (When the specimen is received by the physician, the antiformin has already acted on the sputum for 12 hours or more). It obviates the necessity of recourse to any further time consuming investigation. The cup is compact in form, easily sterilized by boiling and the instructions to the patient can easily be followed out.

In conclusion I might add that this cup has been of great practical use to me and I fondly hope that it will meet with the approval of all those who are devoted to this interesting field of medicine. That the cup can be materially improved, I do not for a moment doubt; if my crude conception will but prove a spur to a more inventive mind, I shall feel that my efforts have not been entirely useless.

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Dr. Swift in an article in *The Journal of Applied Psychology*, March, 1918, entitled "A Note on Mental Peculiarities as Symptoms in Stuttering," gives the summary of findings: We must conclude that stuttering forces the patient to do or perform numerous peculiar things which are wanting in normal people. These can properly be classed as symptoms of stuttering; they are surely performances that find their origin in the malady. Then, too, they disappear from the life as soon as the trouble vanishes.

THE TUBERCULOSIS PROBLEM IN THE COUNTY OF MIDDLESEX.*

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It is with a hope of arousing a greater interest in the matter of providing more and better facilities for the prevention, care and treatment of tuberculosis and particularly in that of constructing a County Tuberculosis Hospital, that I bring this subject to your attention. Did I not think it of paramount importance, I should not take up your time with so untechnical a subject. In order to be able to estimate or form an opinion as to what our needs are in the matter, we must first of all have a clear idea of the magnitude of the problem under consideration.

In 1917, the number of deaths reported as caused by tuberculosis was 188 and the number of reported positive cases, 293. According to the most conservative and best qualified authorities, it is an accepted fact that there are at least five active tuberculosis cases to every death occurring from this disease. Taking last year's number of deaths, which is 188, multiplied by 5, and we have 940 cases of active tuberculosis, which is the smallest estimated number of active tuberculous patients that we have to deal with in this county; and who require our care, attention and treatment.

Up to April 1, 1918, 233 cases were reported as positive tuberculosis and 131 as suspicious or predisposed, a total of 364. There are a number of factors that operate to swell the number of known cases of tuberculosis.

First: War conditions directly, per se. The greater nervous strain and worry, the higher price and poorer quality of food, the increased physical effort at work, due to scarcity of labor and the higher wage rate, the greater congestion, due to lack of housing facilities.

Second: Discoveries during examinations of our drafted men, where a large number are discovered for the first time. According to Dr. Dublin's estimate, "at least 2% of all men examined and to be examined under the selective service law will have been or be rejected on account of tu-

*Read before the Middlesex County Medical Society, April 17, 1918.

berculosis." Of course, these are not all new discoveries, but probably less than 50% of these were known before.

Third: The growing population of this county. I have no means of estimating the rapidity with which the population is increasing in this county, due to industrial development and other causes, but it is safe to say that it is increasing at an unprecedented rate. The total population in 1915 was 146,000.

Fourth: The clinics help to discover a large number of cases. During the 9 months, from April 1 to December 31, 1917, of the existence of the two clinics at Perth Amboy and New Brunswick, 127 cases were placed in sanatoria through these clinics out of a total of 478 new patients there examined.

These are the chief considerations as far as numbers are concerned that can guide us in arriving at the approximate magnitude of the problem under consideration. Now let us see what means we have at our disposal for coping with the situation, as it presents itself from the above quoted facts.

First: For discovering and diagnosing tuberculosis.

(A) There is a law requiring that tuberculosis from any cause, be reported to the local Board of Health, but which is not fully complied with, as can be seen from the following report, given out by the Anti-Tuberculosis League.

Middlesex County	Cases	Deaths
Cranbury Township	1	
Dunellen Borough	1	3
East Brunswick Township... ..		1
Helmetta Borough	3	1
Highland Park Borough	4	2
Jamesburg Borough	1	
Madison Township	2	7
Metuchen Borough	4	3
Middlesex Borough	6	1
Milltown Borough	5	6
Monroe Township
New Brunswick City	70	45
North Brunswick	4
Perth Amboy City	126	58
Piscataway Township	5	4
Raritan Township	6	2
Roosevelt Borough	17	6
Sayreville Township	2	9
South Amboy City	6	7
South Brunswick Township..	1	2
South River Borough	11	11
Spotswood Borough	4	4
Woodbridge Township	18	16
	293	188

"It is, I think, conceded by all, that ten

living cases for every death is a conservative estimate; yet, even Perth Amboy, whose record is best, has only 2¼ as many cases as deaths, while North Brunswick has reported four deaths and no cases."—Executive Secretary.

(B) The Anti-Tuberculosis League, which conducts an active campaign of education and under whose auspices the above mentioned clinics are conducted.

The clinic at Perth Amboy is open on Tuesday at 2 P. M. and on Thursdays at 10 A. M. and stays open until all applicants are examined, requiring 2 to 3 hours to complete the work at each session, which work is done by the writer, assisted by Dr. Sirott and Miss Nielsen, the tuberculosis nurse. The New Brunswick clinic is conducted by Drs. F. L. Brown and C. V. Hulst on Thursdays at 4 P. M. There are two nurses; the Perth Amboy nurse covers that city, Woodbridge, Sewaren, Keasby, Fords and South Amboy; the New Brunswick nurse, Miss Clapham, covers that city, Highland Park Borough, Milltown Borough and Bonhamtown. The following communities are not reached at all: Cranbury, Plainsboro, Dunellen, East Brunswick, Old Bridge, Weston's Mills, Dunham's Corner, Helmetta, Jamesburg, Metuchen Borough, Middlesex Borough, North Brunswick, Piscataway Township, which includes Chrome and Careteret, Sayreville Township, Monmouth Junction, South River Borough and many other small communities. At a glance, one can see how inadequate these provisions are.

Second: Facilities for preventing the spread of the disease.

The two nurses mentioned above, besides tracing cases and attending to clinics, visit and follow up the patients at their homes, providing them with sputum cups and teaching them how to take care and dispose of the sputum and giving general instructions in hygiene; they also give lectures to school children. If one considers the tasks they have to perform and the number of nurses available, one can readily see how utterly impossible it is to do this part of the work with anything that approaches thoroughness.

Third: Present accommodations for treating and taking care of pulmonary tuberculosis.

There is not one institution; not one ward, not one single bed available in this county for the treatment of this dread disease. By this, I do not mean to say that there is abosolutely no provision made for

the treatment of this class of patients, for we have a law which compels the county authorities to provide for the care of every tuberculous patient that is admitted to a sanatorium, and arrangements have been made with the White Haven Sanatorium in Pennsylvania and Bonnie Burn at Scotch Plains for the admission of cases sent from this county and for which the County of Middlesex pays \$12 per week for each patient so admitted. Then there are additional accommodations at the State Hospital at Glen Gardner for incipient cases only. The objections to these arrangements are the following: (A) Inadequacy. There is a waiting list of from 4 to 8 weeks and considering the class of cases we have to deal with as to environment and the stage of the disease when they apply for admission, it is more than unsatisfactory. Many of the advanced cases die and many of the moderately advanced cases progress to that stage where they become practically hopeless before they can be admitted. Again, in some few instances, they improve temporarily, and when their turn comes to be admitted, they refuse to go and usually return to work only to break down again in a short space of time and be worse off than in the first instance.

(B) The distance is a great objection; because of the difficulty of transportation in the more advanced cases. The expense involved, the nostalgia or homesickness which is to be contended with when they are far away from home and friends. As a rule, they will not stay long enough in such instances, to receive the full benefit of the treatment. In fact, the great majority of cases stay just long enough to gain a little in weight and strength and, as Dr. English puts it, "so they can spit a little farther and spread the disease a little longer." It seems that this mode of treatment is a complete waste of money, time and energy. To be of real benefit, a patient should be compelled to stay at the sanatorium until he gets well or dies. The writer was informed that such a law has been passed and placed on the statutes of the State of New Jersey and is now operable, but that it applies to county institutions only.

(C) It may also be objected that a large sum of money is being expended outside the county and State. Last year's expenditures for outside sanatoriums were about \$40,000 and at the present rate of admission, will reach \$75,000 for 1918.

Viewing the situation in the light of the preceding facts, I have formulated a con-

structive program which, if carried out fully, and there is no valid reason why it should not be, would in my opinion, within a reasonable length of time, place our tuberculosis problem under complete control.

Measures for discovering and diagnosing cases. First: More careful and prompt reporting of tuberculosis cases by the physicians to their local boards of health.

Second: Strengthening the anti-tuberculosis league by more energetic support, moral and financial, by physicians and lay people.

Third: We need at least two more nurses.

Fourth: Two more clinics and better facilities and more doctors who will give some of their time to this much-needed work.

Our present facilities at Perth Amboy consist of a small room in the rear of the north ward at the City Hospital where two doctors, one nurse and from 15 to 20 patients, men, women and children have to be accommodated, using it as dressing and examination room. A properly conducted clinic should have at least three rooms at its disposal, including lavatory, and wash-room facilities. The New Brunswick clinic has even poorer facilities. It is suggested that the two additional clinics be established, one at Chrome and one at South River respectively.

Preventive Measures—Prompt reporting of cases as stated before. Segregating and controlling open cases by sending them to sanatoria. Open-air schools. There is no reason why open-air schools should not be established in every community no matter how small or large. I would also favor and strongly urge that a diligent inquiry and examination be made of our school children, as to the state of their nutrition and if found below par, that they be sent to an open-air school, and if found in poor circumstances, that lunches be furnished free to such children. Proper cleaning, fumigation, papering and other measures that may be necessary to be taken, in dwellings occupied by tubercular patients after their death or removal from same. There should be a law passed regulating the moving about of such patients from place to place and as to treatment of the premises after their leaving it. A careful supervision of our industries in the matter of noxious fumes, poisonous gases, irritating dust and the amount of cubic air space allotted to each worker.

Curative Measures—The greatest immediate and pressing need is a county tuber-

culosis hospital accommodating 200 beds if possible, which is equal to the approximate number of deaths caused by this disease. But certainly not less than 100 beds should be provided. The cost of same is estimated at about \$1,500 per bed, which is about \$150,000 for an institution accommodating 100 beds, if built in a permanent and up-to-date manner. This cost can be reduced if we take advantage of the fact that 50% of the cases that are to be cared for at such an institution are not necessarily bed or infirm patients. Such patients can walk for their meals to a central dining-room, can use lockers and a public wash room, like other ambulatory patients. Accommodations for such patients can be built for less than one-half the cost of that required for strictly bed cases. The latter must have regular and up-to-date hospital facilities. So that in considering the cost in erecting a tuberculosis hospital which is the one great obstacle in our obtaining one, this fact may have a great influence on the county authorities.

I would earnestly urge that the hospitals located at New Brunswick and Perth Amboy build a tuberculosis ward accommodating about 20 beds each. This would mean 60 beds for the three hospitals, which would greatly aid in relieving the present situation. These wards could be utilized as reception wards while the patients are waiting admission to a sanatorium and also for very far advanced cases whose condition would not permit transporting to an out-of-town hospital. In this connection, I would state that the county pays \$12 per week for each patient and that the local hospitals would be benefited by this arrangement, if they built special wards for the care of tuberculous patients. It is in this direction particularly that the members of this society can bring to bear the greatest influence as so many of them are staff members in these institutions.

The care of the improved, arrested and apparently cured cases, after they have been discharged from a sanatorium or hospital, is one of the most difficult and baffling problems in tuberculosis work. It is like all other work connected with it, not only a medical problem pure and simple, but there is a social and economic side to it, which is of enormous importance and particularly so in connection with that class of cases that have been improved sufficiently to enable them to return to a useful, normal life again, but whose condition will not permit of returning to the same environment

which originally caused their physical breakdown. It is suggested in this respect that no patients be discharged from a tuberculosis institution until they are able to do as nearly as possible the same kind of work as they did prior to their illness for about 6 to 8 hours daily under reasonable sanitary conditions.

A vocational school should form part of every up-to-date and modern tuberculosis hospital so as to teach the patients new means of livelihood, where it would be dangerous for them to return to their former occupations. Open-air work shops are recommended in all the larger manufacturing centres. Probably the most important and prime necessity for this class of cases is proper housing conditions, where they can live as nearly as possible an outdoor life. Out sleeping-porches should form part of practically every kind of dwelling and the public at large should be taught how to use them to advantage.

There is in my mind, not a single measure that would be more effective in stamping out tuberculosis and act as a preventive as well as a curative measure, than the proper use of out-sleeping-porches, if popularized.

These suggestions are offered for your respectful consideration, with a hope of obtaining the cooperation of all the medical fraternity of this county.

THE LABORATORY: ITS SPHERE OF USEFULNESS AND THE COMMUNITY.*

BY RICHARD N. CONNOLLY, M. D.,
Newark, N. J.

In 1892 Dr. H. M. Biggs, at that time City Bacteriologist of New York, started to make the laboratory diagnosis of diphtheria for the general public and the innovation met with a very outspoken opposition from a large part of the medical profession. Less than two years afterward Dr. Biggs had the satisfaction of learning that Robert Koch recommended to the authorities in Berlin that the method perfected by Dr. Biggs in New York be put into practice in Berlin. The recommendation was something very unusual at that time as European bacteriologists were not disposed to take American investigators seriously.

*Read at the meeting of the Academy of Medicine of Northern New Jersey, held May 15, 1918, by Dr. Connolly as Retiring Acting President.

The satisfactory work of Dr. Biggs and his assistants soon made the diagnostic laboratory a necessity for every community that could possibly afford to equip one. It is true that some work of a desultory nature had been done in a few places prior to that time, but the average doctor of those days, who had graduated 8 to 10 years previously, viewed bacteriology either as a new fad that would soon die out, or openly declared that bacterial etiology of disease would never supplant symptomatology in the diagnosis of cases.

In 1894 diphtheria antitoxin was discovered and again the energy and enterprise of Dr. Biggs was displayed. After satisfying himself that the claims of the French and German observers were well founded, Dr. Biggs threw his whole soul into antioxin production, and had the satisfaction of successfully vindicating his efforts in the face of opposition, led by Dr. Winters that practically divided the medical profession into two camps; for and against antitoxin.

About that time the communicability of tuberculosis had been definitely demonstrated by laboratory methods and the results of tests were so self-evident that there was little difficulty in having tuberculosis placed in the class of communicable diseases, and, consequently, reportable. This was a step in advance, of far-reaching importance.

In 1896 Dr. Wyatt Johnson of Montreal devised a very practical laboratory method for diagnosing typhoid fever by the agglutination test, and in a very convincing manner illustrated the test at the American Public Health Association in Buffalo, using samples of blood sent by mail from Montreal. Later when Major Russell demonstrated the success of bacterial vaccination against typhoid fever, this disease lost its terrors as a community nightmare. Individuals will, of course continue to get the disease and die of it, but communities have at their disposal means by which extensive epidemics can be prevented.

Yellow fever control can hardly be considered as a laboratory measure for the discovery of the means of transmission of the virus through the mosquito (*stegomyia fac.*), was made purely on clinical observation by those keen-minded heroes who offered themselves as victims (Read, Carroll, Agramonte, etc.).

The principles involved in the so-called Wassermann tests or the deviation of the complement have been applied successfully to a number of diseases as well as syphilis,

such as chronic gonorrhoeal infection and glanders. This test is so delicate and the elements entering into the tests are so easily influenced unless the most careful technique is maintained through every step of the proceeding, that it is not unusual to obtain contradictory reports from equally experienced observers, when portions of the same blood are examined at different laboratories. Our experience, however, indicates that a distinctly positive reaction in a given case is worthy of consideration, while a negative reaction may be misleading. The test is being more and more generally used and must be of some value to the profession, otherwise we would not be averaging 100 tests per week, throughout the year.

Poliomyelitis; well, I would like to tell you a great deal about this disease that mocked our efforts during the epidemic two years ago, but you would not want to listen to me because there is little but *theory* to talk about. However, the work of Rosenow on the pleomorphic streptococcus may have some basis of truth, as others as well as ourselves have observed the peculiar streptococcus of irregular size and shape develop after several days in cultures made from infected material, and it is to be hoped that the observations will lead to something of value.

Pneumonia is the one disease that is uppermost in our minds at present and its toll of victims is so large that every effort must be made to put it in the class with typhoid fever and diphtheria; in other words, in the controllable disease class. The brilliant work that has been done at the Rockefeller Institute by Dorchez, Blake and Avery makes it possible, as you are all aware, to divide the pneumonia producing organisms into four groups or types, and thus far an antotoxic serum has been produced for only one. The other types appear to produce little or no immunizing bodies. However, as the type which lends itself to antibody production furnishes about 85% of the cases that occur in this region, the serum treatment of the disease is coming into general use. Observations on a very extensive scale have been made during the past winter and we hope to learn a great deal regarding pneumonia and its treatment as soon as this season's work is tabulated and the results analyzed.

To attempt to enumerate disease after disease would only be tiresome to you as all of this you well know, but I do wish to say that scarlet fever, measles, chickenpox and mumps are some of the common dis-

eases that frequently become epidemic, and for which we have as yet little to offer to the community in the way of prevention.

The milk supply and the water supply of a community require constant supervision, and it is, indeed, possible that some of the diseases just mentioned and whose etiology is as yet undetermined may be transmitted by either one or both. Therefore, it is evident that a vast amount of work still remains to be done and the community must look to our profession to do it. It is at this point we are brought face to face with the cold reality of attempting to look into the future with its unusual uncertainty. The relief of sickness and distress will fall to the part of the doctor; that is our business. We are expected to know more than the rest of the community about health and disease and we are going to face new conditions for which it is our duty to prepare, as we will never go back to the old conditions we knew.

You all know that there is a probability that the services of every medical man in the country may be needed in one capacity or another before long, and while awaiting that time the men and women who compose the membership of this Academy and other societies like it, should and must organize our hospitals, dispensaries and laboratories on such a basis that they will serve the community necessities with the minimum amount of hardship, even if our Government finds it necessary to use the services of each and everyone of us.

Clinical Reports.

Progressive Ossifying Myositis.

Dr. G. Caronia, in *Pediatria*, Naples, reported this case which he thinks is the ninety-third on record: His patient was a girl, four years of age, otherwise healthy, who had developed bony lumps in various muscles of trunk and arms, the protruding lumps giving the back the aspect of a raised map showing mountain ranges. Several roentgenograms confirmed the diagnosis of progressive ossifying myositis. No benefit was apparent from epinephrin, thyroid, thymus or pituitary extract, as has been the general experience.

Hypertrophy of Fingers and Toes.

Drs. Munk and Greve, in an *Amsterdam Med. Jour.*, describes the case of a girl of 15 years, as a typical example of Marie's *osteo-artropathie hypertrophiante pneumique*. The girl has had tuberculous pleuritis and the drumstick fingers and the enlarged toes are probably the result of a chronic tuberculous osteomyelitis and periostitis with stasis in the peripheral capillaries. The clinical picture resembles and may blend into Poncet's tuberculous rheumatism.

Influenza Meningitis.

According to Dr. Lorey but few cases of this affection are upon record and these purulent and in children only. He describes a case which illustrates quite a different type. A woman aged 49, in the midst of health, was stricken with meningitis which ended after six weeks in recovery. The lumbar punctates were all clear, but in the sediment influenza bacilli were found and readily cultivated.—*Correspondenz-Blatt für Schweizer Aerzte*.

Transformation of Homosexuality by Implanting Testicles.

Drs. Steinach and Lichtenstern, in the *Munchener Med. Woch.*, cites this case of a homosexual man of 30 who had to be castrated on account of a tuberculous lesion. They implanted in the external oblique muscle, on both sides, half of an undescended testicle taken from a sexually normal man. It is said that the man felt heterosexual directly after the operation and the feminine characteristics he had previously become transformed in the male direction, and he married a year later.

Mammary Cancer in Infants.

Dr. D. Z. Blanc reported at a recent meeting of the Spanish Gynecologic Society that in the last year he had encountered two cases of cancer of the mamma in young infants. One was a male child. The mamma had begun to enlarge soon after birth and at the age of 6 months the epithelioma had invaded the entire mamma and the glands in the axilla, but there was no ulceration and the growth was not adherent to the pectoralis muscle. Blanc excised the mamma, the pectoralis and the contents of the axilla. Three months later the child died from recurring hemoptysis. In the other case the cancer developed in the same way soon after birth and in a few months spread to the axilla and into the hypochondrium. It was inoperable when he first saw the child. Blanc stated that hemorrhage from the lungs, probably of cancerous origin, is not an uncommon complication after removal of mammary cancers in adults. Injecting a stain under pressure into the lymphatics of the mamma to ascertain the area of probable diffusion, he found the entire pleura colored by the stain, both the parietal and the diaphragmatic pleura.

Migration of Bullet from the Inferior Vena Cava to Right Ventricle.

Dr. Tuffier recently reported a typical case of tardy migration of a war projectile in the circulatory apparatus. The soldier had been wounded by a rifle bullet in the right lumbar region. The first intervention consisted of a simple dissection of the lumbar wound. A month later a roentgenogram revealed the bullet at the level of the first and second lumbar vertebrae, about 9 cm. from the anterior wall. Eight days later, a second roentgenogram showed that the bullet had disappeared from its original location and that it was then in the heart itself, moving synchronously with the pulse beats. The patient, who until then had not complained of any symptoms, said that he was suffering from oppression and distress, anginous in character. The operation was proceeded with, but had to be stopped

soon after the flap had been cut in the chest wall because the patient presented symptoms of respiratory arrest, thready pulse, dilation of the pupils and finally syncope. Under proper treatment the immediate danger was overcome, and the patient felt fairly well during the next two days but on the third day he died suddenly.

The necropsy disclosed that the bullet had entered the body in the lumbar region, furrowed the anterior surface of the right kidney (the superior portion of this kidney had undergone atrophy, doubtless the result of the traumatic obliteration of a branch of the renal artery) and subsequently entered the vena cava, where it had burrowed in the rear outer wall of the vessel a real logette en nid de pigeon of the internal tunic (dry wound of the vena cava). After six weeks, the bullet left this position, reached the auricle and then dropped into the right ventricle, where it was found embedded in the myocardium. — *Paris Letter in A. M. A. Jour.*

Double Obliquely Contracted Pelvis.

Dr. E. M. Lazard, in the *Amer. Jour. of Obstetrics*, gives this case of contracted pelvis which was associated with acute lumbar lordosis, due to infantile paralysis in early childhood.

This was a negress thirty-nine years old, principara at time when first seen by Lazard. The patient had evidently had infantile paralysis at the age of six since when she was not able to stand erect but walked on all fours. The patient had been in hard labor for seven hours. A highly contracted pelvis with a decided inclination was discovered by examination. A Caesarian section resulted in the birth of a live child. The uterus was removed because of the presence of numerous fibroids. The patient made a good recovery.

Triplets Twice in One Year.

Dr. Mark Hornstein, New York, report the following in the *A. M. Jour.* January 26:

E. C., aged 33, decipara, who had given birth to eight children at full term, and had one miscarriage at three months, and five of whose children were living, was born in Ireland; the husband, aged 52, was also born in Ireland. Her menstrual and previous history were irrelevant. On the evening of July 10, 1916, I was called and found the patient having moderately strong pains. Abdominal examination revealed no definite position, and twins were suspected. The fundus uteri rose to 3½ inches above the umbilicus, and from the statement of the patient that she had not menstruated since November, 1915, it was calculated that she was about thirty-three weeks pregnant. Vaginal examination revealed the os uteri fully dilated and the head engaged. The bag of water was ruptured and, after a few severe expulsive pains, a small baby girl was born. After five minutes the second bag of waters was punctured, and the second baby was delivered, which proved to be a boy. The third baby, a girl, presented by the breech and was extracted without difficulty. There were three placentas, and they were separately expressed after sufficient time had been allowed for contraction of the uterus. The amount of hemorrhage was moderate, and the mother made an uneventful recovery. The infants, in spite of

extraordinary care and precautions, all died, two during the following morning and one, the boy, after four weeks. The weight of the children was 3 two-fifths, 3 one-fifth and 3 three-fifths pounds, respectively.

On the evening of June 30, 1917, I was called to see patient again. She was in the eighth month of pregnancy and in active labor. Abdominal findings were again indefinite, rendering the diagnosis almost certain of twins, possibly triplets. The first and third babies were girls, presenting by vertex; the second was a boy, presenting by the breech. There was one double and one single placenta. The weights of the babies were 3, 3 three-tenths, and 3 two-fifths pounds. They all died during the night and next day. The mother was considerably exhausted during and after the puerperium, at the end of which she showed a loss of 30 pounds in weight.

Abstracts from Medical Journals.

Cerebellar Abscess.

Dr. Philip D. Kerrison, of New York, in an able paper on the above subject, published in the January, 1917, *Journal of the Pennsylvania Medical Society*, gives the differential diagnosis between cerebellar abscess and the two lesions with which it is likely to be confused—Cerebral abscess and acute diffuse suppurative labyrinthitis, as follows:

Differential points between cerebellar abscess and temporosphenoidal abscess:

Recurring vomiting, common in cerebellar abscess, is exceedingly rare in cerebral abscess.

Nystagmus, a frequent phenomenon in cerebellar abscess, is never caused by cerebral abscess.

Characteristic cerebellar ataxia with tendency to fall constantly in one direction is peculiar to that lesion, though some disturbance of equilibrium due to increased pressure may occur in cerebral abscess.

Unilateral incoordination ataxia and diadokokinesis, not uncommon in cerebellar abscess, are not characteristic of cerebral abscess.

Hemiparesis, occasionally present, is most often homolateral in cerebellar abscess, whereas in cerebral abscess, it is always contralateral. In cerebellar abscess both upper and lower limbs are involved; in temporal lobe abscess, the leg usually escapes.

Speech defects, drawl, slow "syllabic" speech, lisp, are occasioned symptoms of cerebellar abscess, which are not characteristic of cerebral abscess.

An unclouded mentality is characteristic of cerebellar abscess; mental dullness, almost to obscurity but without perversion, and frequently retarded or delayed cerebration, are characteristic phenomena in cerebral abscess.

Various forms of aphasia and occasional contralateral paralyses, which occur in some cases as focal symptoms of cerebral abscess, do not occur in cerebellar abscess.

When focal symptoms are present, the above lesions may be easily distinguished; when absent, a positive differentiation may be difficult or impossible.

Differential points between cerebellar abscess and acute diffuse suppurative labyrinthitis:

Cerebellar abscess resembles labyrinthitis

only when nystagmus and associated phenomena are present, and then only the acute stage of suppurative labyrinthitis. When the acute stage of suppurative labyrinthitis has passed, all similarity disappears.

Nystagmus in diffuse suppurative labyrinthitis is always toward the sound ear; in cerebellar abscess, it may be alternating or in either direction, but is usually strongest toward the side of the lesion. Nystagmus tends to subside rapidly in labyrinthitis; it is persistent and sometimes progressive in cerebellar abscess.

Disturbance of Static Equilibrium.—In acute suppurative labyrinthitis the patient tends to fall always in direction of slow nystagmic movement and therefore toward the sound ear. In cerebellar abscess, as the disease advances, the falling direction is often quite independent of the nystagmus, and is constant in direction. Most frequently the falling direction is toward the side of the lesion.

There is absolute deafness of involved ear in diffuse suppurative labyrinthitis; in cerebellar abscess the hearing is not impaired unless the abscess is secondary to a suppurative lesion of the labyrinth.

Caloric test: Vestibular apparatus does not respond to irritation by heat or cold in suppurative labyrinthitis; it responds normally in cerebellar abscess uncomplicated by labyrinthine disease.

All the characteristic symptoms of the acute stage of suppurative labyrinthitis tend to subside rapidly. The symptoms of cerebellar abscess are persistent and tend to increase rather than subside.

Observations on the Treatment of Myelocytic Leukemia by Radium.

Dr. Giffen in the Boston Medical and Surgical Journal contributes a valuable paper on this subject as follows:

1. Thirty consecutive cases of myelocytic leukemia were treated by means of the surface application of radium element over the enlarged spleen. A dosage of 50 and 100 mg. was used. The protection finally adopted was 2 mm. of lead and $\frac{1}{2}$ inch of wood. The splenic area was mapped out into squares after the manner described by Ordway, and the radium was applied over each square for from two to four hours, with a total exposure usually of twenty-four or thirty-six hours. The exposures were repeated every week until a satisfactory remission was obtained.

2. A certain degree of general improvement, together with reduction of the size of the spleen and of the leucocytic count, occurred in every instance, even in the most advanced and toxic cases. Marked temporary improvement occurred in 26 patients, and a remarkable improvement in 13. It is impossible satisfactorily to discuss the subsequent histories of these cases as yet.

3. Hemorrhages ceased as a rule after one or two series of exposures. In two instances hemorrhage occurred previous to treatment. In these instances the hemorrhage seemed to be the result of over-exposure; an anemia also developed; both the hemorrhage and the anemia were successfully combated by means of transfusion.

4. In 25 patients there was definite im-

provement of the anemia concomitant with the improvement of the general condition. The reduction of the number of leucocytes was due chiefly to not only an absolute but also a striking relative fall in the myelocytes; there was a striking fall in the absolute count of polynuclears, while their relative percentage remained approximately the same. There was also a marked fall in the absolute count of small lymphocytes.

5. Surface exposures of radium over the spleen of myelocytic leukemia usually effect a very rapid reduction of the size of the spleen, a fall of the leucocytic count, and, together with transfusion, constitute at present the most effective temporary measure in the treatment of the disease.

Indications for Lumbar Puncture.

Barach says the indications for lumbar puncture are becoming more numerous. These indications may be divided into the diagnostic and therapeutic.

Lumbar Puncture for Diagnosis.—I. Diagnosis in the infections; II. diagnosis in conditions producing pressure symptoms; III. diagnosis in traumatic conditions; IV. diagnosis in miscellaneous conditions.

I. Diagnosis in the Infections.—a. Cerebrospinal meningitis; b. pneumococcic meningitis; c. acute poliomyelitis; d. meningismus in the acute infectious diseases; e. meningitis complicating the infectious diseases.

Typhoid fever, pneumonia, influenza, erysipelas, syphilis, tuberculosis, actinomycosis, trichinosis.

f. Meningitis secondary to brain abscess, mastoiditis sinus thrombosis.

II. Diagnosis in Conditions Causing Pressure Symptoms.—a. Cerebral compression; b. cord compression.

A. Cerebral compression.

(1) Diseases of the cranium; (2) diseases of the membranes; (3) disease of the brain; (4) hydrocephalus.

Inflammatory reaction, tumor, cyst, hemorrhage, aneurism.

b. Cord compression.

(1) Disease of the vertebral column; (2) disease of the membranes; (3) disease of the spinal cord.

Inflammatory reaction, tumor, cyst, varicosity of veins, aneurism, hemorrhage.

III. Diagnosis in Traumatic Conditions.—a: Traumatism of head and neck; b. traumatism of the vertebral column and spinal cord.

IV. Diagnosis in Miscellaneous Conditions.—a. Unconsciousness in obscure cases; b. hysteria; c. epilepsy; d. pernicious anemia with spinal cord symptoms.

Lumbar Puncture for Therapeutic Purposes.—This is performed for the relief or pressure and for the introduction of medicaments.

Relief of Pressure.—(1) Tumor; (2) hydrocephalus; (3) tuberculous meningitis; (4) serous or aseptic meningitis; (5) hemorrhagic internal pachymeningitis; (6) choked disk and blindness of undetermined origin; (7) meningismus of typhoid fever or other infections; (8) chronic persistent headaches in neurasthenics; (9) vertigo; (10) traumatic neurosis.

Cerebrospinal Medication.—(1) Cerebrospinal meningitis; (2) tetanus; (3) syphilis; (4) chorea.—*Archives of Diagnosis.*

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, on Friday evening, May 10th, at 8.30.

"Indications for Tonsillectomy" was the subject of a talk by Dr. D. B. Allman of Atlantic City.

Dr. P. Brooke Bland of Philadelphia gave an illustrated address on "A General Consideration of Uterine Cancer with Special Reference to Its Diagnosis."

A "Lantern Slide Demonstration, Showing Care of Wounded from Trench, Along Lines of Communication to the Base Hospital," was given by Major W. M. L. Coplin, M. R. C. Because of the wonderfully efficient system in caring for the wounded, he predicts that from 94 to 97 per cent. will be enabled to resume some useful occupation.

Some of the French hospitals are built in the form of a wheel, the administration building forming the center, and the wards radiating therefrom. This plan is very effective, especially in case of contagious diseases, because a ward can easily be shut off and the other patients thus protected.

BERGEN COUNTY.

Ralph S. Cone, M. D., Reporter.

The monthly meeting of the Bergen County Medical Society was held in the Union League Club, Hackensack, on the 14th of May.

The scientific program consisted of four short dissertations as follows:

Dr. H. M. Cooper, Rutherford, "Active and After Treatment of Drug Addicts." Dr. David Corn, Ridgefield Park, "Difficult Diagnosis of Pulmonary Tuberculosis in a Child." Dr. R. Gilady, Hackensack, "Laboratory Methods Aiding Clinical Diagnosis." Dr. A. B. Spiegelglass, Dumont, "Syphilis of the Upper Respiratory Tract."

This was somewhat out of the usual course, the common practice being to devote the evening to one subject and to have that presented by a specialist, a guest invited by the Society for the occasion.

This meeting might have been termed a "home night," the readers of the papers all being local physicians.

The president was evidently impressed with the success of his innovation for he announced that the June meeting would be of the same character. About 25 members were present. A discussion of the papers was followed by refreshments and adjournment.

HUDSON COUNTY.

Howard S. Forman, M. D., Reporter.

The eighth regular meeting of the Hudson County Medical Society was held at the Carteret Club, Jersey City, on Tuesday, May 7.

After approval of the minutes of the previous meeting, Dr. Brinkerhoff moved that the secretary be authorized to purchase an addressing machine. This was carried. Dr. De Fuccio was elected a member of the society.

The following members were elected annual

delegates to the meeting of the State Society: Drs. Sullivan, Jaffin, Swiney, Fletcher, Perlberg, McLean, Kelly, Birdsall, Nelson, and the following as alternates, Drs. Kline, Forman, Roe.

The society then listened to the report of interesting cases:

Dr. Jaffin reported two cases of cerebro-spinal meningitis, a girl of two years and a man of thirty. Both recovered after the use of serum.

Dr. Spence spoke of the great prevalence of venereal disease among the men drafted for the army and the great importance of reporting such cases according to law.

Dr. Swiney reported five cases of eclampsia treated by the morphine, castor oil and stomach washing method with two deaths.

Dr. Klein, two cases, mother and child, with sore throat, red, discreet rash, post-auricular swellings that cleared up in about three days.

Dr. Bogardus, a child that was supposed to have swallowed a machine bobbin which an x-ray showed in the naso-pharynx.

Dr. Birdsall reported two cases, one of marked pain in knee which on examination showed swelling and limitation of motion of hip and no trouble with knee. The second case was one of peritonitis abscess.

Dr. W. L. Pyle reported a case of eclampsia with 50% albumen and 175 blood pressure which recovered after emptying the uterus.

MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held in St. Peter's Hospital, New Brunswick, on May 22d, at 4 P. M. President E. A. Meacham was in the chair. Those present were: Drs. English, Donohue, Howley, Smith, Hunt, Saulsberry, Voorhees, McCormick, Klein, Scott, Schureman, Dunn, Meacham, Brown, Hoffman, Sullivan. In the temporary absence of the secretary, Dr. Brown was appointed secretary pro tem.

Dr. B. M. Howley of New Brunswick reported three very interesting cases of facial paralysis. Dr. F. M. Donohue and others spoke on the subject of facial paralysis.

A communication addressed to the president was read in which Dr. G. K. Dickinson, chairman of the State Committee, National Defense, urged immediate action on request for availability of the doctors of the Society for M. R. C. service. Dr. Donohue, chairman of the local committee, said that the committee could not assume the responsibility of designating what men should enter the service.

Dr. A. F. Smith made a report of the meeting of the 16th, held at Newark. He stated that questions would be asked of each man individually as to his reasons for not entering service. Refusal to answer communications from the State Board will be met by publishing the names of men who fail to comply with this request. There is to be formed shortly a Medical Volunteer Service Corps for men beyond a certain age, or who are physically disabled.

After considerable discussion, Dr. English moved that the following reply be made to Dr. Dickinson's letter: That the members of this Society favor the sending of a questionnaire

by the State Committee or the Medical Examining Board, M. R. C., to every physician in the county who is not at present in service and that the questions shall be answered by each individual for himself as to whether he will volunteer for service and if not that he shall state the reasons therefor. This was unanimously adopted. The Secretary presented his bill for expenses during the past seven months, which was ordered paid and the meeting adjourned.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

A meeting of all the medical practitioners in Morris County was held at the Pine Terrace Inn at Dover, on May 25. The meeting was called by Dr. Clifford Mills, president of the Morris County Medical Society, to determine what action the practitioners of Morris County could take toward supplying medical men for army duties. After a discussion of the needs of the army, roll was called to determine the number of men over fifty-five years of age and how many were now in the service and how many had been rejected. There were ninety-eight names on the list, of which twenty-five already were in the service, thirty-seven were over fifty-five years of age, four were women and two had been rejected.

The auxiliary committee made a report that they did not feel that they could designate any men who should be called upon immediately by the War Office. After discussion the chairman called for volunteers and six of those present volunteered for active service at once. All the others between the ages of twenty-one and fifty-five signified their willingness to go if called upon.

The meeting held by the men over fifty-five years of age reported to the general meeting that they were willing to take up any work that the Government might require so as to relieve or release younger men for army duties.

OCEAN COUNTY.

Ralph R. Jones, M. D., Reporter.

The annual meeting of the Ocean County Medical Society was held at the residence of Dr. C. L. Lindley, Lakewood, October 23, 1917, President V. M. Disbrow in the chair.

On account of the absence of so many of our members who are in war service, it was moved and carried that the old officers be re-elected for another year, or until the close of the war as follows: President, V. M. Disbrow, Lakewood; vice-president, Herbert Willis, Beach Haven; secretary, W. G. Schauffler, Lakewood; treasurer, Irwin H. Hance, Lakewood; reporter, R. R. Jones, Toms River. Permanent delegate to State Society, R. R. Jones, Toms River; annual delegate, G. W. Lawrence, Lakewood. Dr. E. G. Herbener, Lakewood, was elected acting secretary during the absence of Dr. W. G. Schauffler, the president of the State Society and Lieut.-Col. M. R. C. After reporting and discussion of cases the meeting adjourned.

Meeting of April, 1918.

The regular spring meeting of the society was held in the office of Dr. V. M. Disbrow, Lakewood, on April 18, 1918, at 4 P. M. Owing to the severe storm and the call to war work there was a slim attendance.

The principal topic of discussion was on a communication from the office of the Internal Revenue Collector in regard to the request for the names, sex and address of all addicts to narcotics. On motion Dr. Lindley of Lakewood was made a committee of one to ascertain by what authority we were requested to reveal the secrets of our patients. The members present reported no addicts in their practice and so no report could be made. The discussion brought out the fact that the information sought could be had from the druggists without the physicians violating their obligations to their patients.

Lieut.-Col. Schauffler and Lieut. Harold B. Disbrow are still in the service. Lieuts. Sparks of Lakewood and Conover of Tuckerton have been honorably discharged; they do not belong to the County Medical Society. The Medical Advisory Board which meets at the Base Hospital No. 9 (the old Lakewood Hotel), are all members of our medical society, except Dr. Bailey, the dentist.

State and National Societies.

Medical Society of State of New York.

At the annual meeting of this society, held at Albany, N. Y., May 21-23, the following officers were elected to serve for the ensuing year: President, Dr. Thomas H. Halsted of Syracuse; First Vice-President, Dr. James F. Rooney of Albany; Second Vice-President, Dr. Marcus B. Heyman of Wards Island; Third Vice-President, Dr. William M. Dunning of the Bronx; Secretary, Dr. Floyd M. Crandall of New York; Assistant Secretary, Dr. Edward Livingston Hunt of New York; Treasurer, Dr. Frank Van Fleet of New York; Assistant Treasurer, Dr. Harlow Brooks of New York; Chairman on Committee on Scientific Work, Dr. Parker Syms of New York; Chairman of Committee on Public Health and Medical Education, Dr. Joshua Van Cott of Brooklyn; Chairman of the Legislative Committee, Dr. F. C. Conway of Albany.

American Society for Clinical Investigation.

The annual meeting of this society met in Atlantic City, May 6, 1918. Dr. George Blumer of Yale University, president. In his address he said the governmental policy with regard to the medical profession, tended toward inefficiency and unrest and urged the delegates to give the matter every attention and endeavor to guide the "imminent changes" in the right course.

"The fate of the medical schools and therefore the fate of medical education lies largely in the hands of the surgeon general's office," said Dr. Blumer. "While doubtless forced into an illogical position by circumstances, the attitude of the surgeon general's office to medical education has resulted in a situation which can hardly be described as ideal. On the one hand the authorities at Washington have insisted that medical schools must be maintained in an efficient condition, while, on the other hand, the same authorities have consistently depleted the schools of their normal teaching forces. From the point of view of medical education it would certainly have been wiser and fairer to have mobilized the entire medical

profession and assigned them to their work rather than to have pursued the present policy."

Dr. Russell L. Cecil of the Rockefeller Hospital, New York, announced that the adoption of prophylactic vaccination had reduced the number of cases of pneumonia in a military camp to seventeen among 12,000 vaccinated, as compared with 173 cases among 19,000 men who had not been treated with the serum. During the period of observation still in progress, he said, mortality from pneumonia was reduced to eleven per cent. among vaccinated men as against twenty-eight per cent. among the unvaccinated soldiers.

AMERICAN MEDICAL ASSOCIATION.

Chicago, Ill., June 10-14, 1918.

Opening meeting in the Auditorium Theatre, June 11, at 8.30 p. m., when President-elect Arthur D. Bevan will be installed and deliver an address. There will also be a general meeting on the evenings of June 12 and 13, when medical war problems, loyal citizenship will be discussed; also a general meeting, June 13 at 9 a. m., when General Gorgas, Frank Billings and others will speak on the "Reconstruction and Rehabilitation of Disabled Soldiers."

The programs of the various sections will be found in the A. M. A. Journal of May 11th. The following members of the Medical Society of New Jersey are mentioned:

Dr. John F. Anderson, New Brunswick, chairman of the Executive Committee of Section on Pharmacology and Therapeutics.

Dr. Henry C. Cotton, Trenton, will read a paper on "The Results of Studying the Psychoses from the Standpoint of the Clinical and Pathologic Laboratory," before the Section on Nervous and Mental Diseases, June 13, at 2 p. m., in the Blackstone Hotel ball room.

Dr. George H. Lathrope, Morristown, will read a paper on "Acute Mastoiditis as a Complication of Infectious Diseases," before the Section on Practice of Medicine, June 14, at 2 p. m., in Hotel Morrison banquet room.

Dr. Fred H. Albee, Colonia, will read a paper on "Plastic Surgery of the Hip and Its Approaches," before the Section on Orthopedic Surgery, June 14, at 2 p. m., in the Elizabethan room, Congress Hotel.

Miscellaneous Items.

Mental Hygiene Vocation for Women.

Mental hygiene is offering a new field of work for women. The government is seeking women skilled in the treatment of nervous diseases, the United States Civil Service Commission having announced an open competitive examination for assistant clinical psychiatrist and psychotherapist. Units of nurses and occupational instructions are being organized for the Neuro-psychiatric Division of the Medical Corps by the War Work Committee of the National Committee for Mental Hygiene, which is acting as a clearing house for the Surgeon General's office to pass on applications to Washington.

Illegal Practitioner Convicted.

A. A. Strasser, M. D.:

Dear Sir—As chairman of the Publication Committee of the Medical Journal, you may be interested in the conviction of Theodore M.

Sikorra, 63 Newark street, Hoboken, in the First District Court, Jersey City, on April 25th, for the practice of medicine.

Sikora conducts an office business, advertising as a cure-all, in the Polish papers. His patients are all ignorant Poles or Slavs and he charges them from seventy-five dollars upwards for his medicines which are mostly patent drugs. Eight Polish witnesses from Elizabeth appeared against him, husbands of two of the women having died within three months after Sikorra agreed to cure them of tuberculosis. Sikorra was arrested by the writer on complaint of the Medical Board. Prosecution was conducted by Assistant Attorney-General Wellington B. Butler. Sikorra was fined two hundred dollars and costs.

Very truly yours,

A. H. Corwin.

Mr. Corwin is general secretary of the N. J. Association for the Suppression of Vice and Imposture, representing the State Board of Medical Examiners; State Board of Registration and Examination in Dentistry and the State Board of Optometrists of New Jersey; 207 Market street, Newark.—Editor.

Letter from Camp Beauregard.

We were pleased to receive the following news from Camp Beauregard in a communication from Dr. Charles A. Rosewater of Newark:

"It was my pleasure to call upon Lieutenant-Colonel W. G. Schauffler at Camp Beauregard, Alexandria, La., in connection with the survey of the narcotic situation which I am conducting for the State Board of Health of Louisiana. I found the doctor looking well and head over heels in work and happy in maintaining 100% standard in sanitation in the camp, through which he escorted me very courteously, pointing out all interesting details with unconcealable pride.

"The doctor is sure that New Jersey will supply more than its full quota of medical men and he says New Jersey doctors are more than welcome owing to the splendid work that is being done by those who are now in the service. He says: 'Come on in boys, the water is fine.'"

MEMORANDUM TO DIVISION SURGEONS.

From Surgeon-General's Office, Washington.

1. Attention of medical officers is directed to the provisions of paragraph 423, M. M. D.—"Medical Officers will not publish professional papers requiring reference to official records or to experience gained in the discharge of their duties without the previous authority of the Surgeon-General."

2. Numerous scientific papers written by officers of the medical department have recently appeared in the medical press without specific authority from this office. This practice will be discontinued, and the above regulation will be strictly complied with.

3. Officers desiring publication of professional papers will submit two copies to the Surgeon-General with request for permission to publish same. Upon approval, a copy will be forwarded to the journal designated by the officer for publication.

By direction of the Surgeon-General.

C. L. Furbush,
Lieut.-Col. Medical Corps, N. A.

Annual Meeting of the Medical Society of New Jersey

THE ONE HUNDRED AND FIFTY-SECOND ANNUAL MEETING

Will be held in the

New Monmouth Hotel, Spring Lake

On June 25 and 26th, 1918



WILLIAM GRAY SCHAUFFLER, M. D.

President of The Medical Society of New Jersey, Lieut. Col. Medical Corps, N. G. A.,
Training Inspector 39th Infantry Division, Camp Beauregard, Alexandria, Va.

The Board of Trustees will meet there on the preceding day—Monday, June 24th, at 8 o'clock P. M.

The House of Delegates' Meetings, for the transaction of business will be: On the 25th, at 10.30 A. M. and 2.30 P. M. At the latter invocation and addresses of welcome will be offered. On the 26th the meetings will be at 9.30 A. M. and 2.30 P. M. At the latter the annual election will take place.

The General Sessions will be: On the 25th, at 3.30 P. M., papers by Drs. S. R. Woodruff and Linn Emerson; at 8 P. M., President W. G. Schauffler's Address and the Oration in Surgery by Prof. George D. Stewart of New York. On the 26th, at 10.30 A. M., papers by Prof. John Rogers Jr., New York, Drs. Philip Mar-

vel, Julius Levy and Prof John M. Baldy of Philadelphia; at 3.30 P. M., Address of Third Vice-President P. A. Harris, Oration in Medicine by Prof. M. Allen Starr of New York and Patriotic Address by M. R. C. Majors Jos. MacDonald Jr. of Orange, F. F. Simpson of Pittsburgh and H. D. Corbusier of Plainfield and Fort Oglethorpe.

The Banquet will be in the Hotel on Wednesday evening, at eight o'clock, with addresses by Governor Edge, Rev. Dr. John F. Patterson of Orange, Albert C. Wall, the Society's counselor, and Prof. Samuel W. Lambert, Dean of Columbia University, New York.

Fuller particulars will be found in the Program, a copy of which has been sent to every member.

THE JOURNAL

OF THE

Medical Society of New Jersey

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JUNE, 1918

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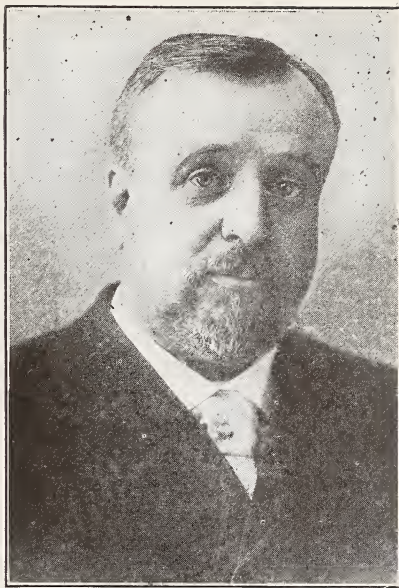
Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.



THOMAS W. HARVEY, M. D.,

First Vice-President of the Medical Society of New Jersey.

Dr. Harvey has been Acting President during President Schauffler's absence.

152nd ANNUAL MEETING

Medical Society of New Jersey

BOARD OF TRUSTEES MEETINGS

NEW MONMOUTH HOTEL,

SPRING LAKE, N. J., JUNE 24th

At 5 P. M. and 8 P. M.

THE SOCIETY SESSIONS ON JUNE

25th and 26th

See Opposite Page and Programs

AGAIN WE ASK YOU TO COME TO THE ANNUAL MEETING AT SPRING LAKE, WHERE THE NEW MONMOUTH HOTEL ALWAYS WELL ENTERTAINED US AND WILL DO SO THIS YEAR.

WE SHALL GREATLY MISS THOSE WHO HAVE TEMPORARILY LEFT US FOR ACTIVE WAR SERVICE, SOME OF WHOM HAVE BEEN FOR YEARS PROMINENT AND HIGHLY ESTEEMED LEADERS AMONG US. WE WILL REMEMBER THEM AND LET THEM KNOW THAT WE WILL TAKE CARE OF THE SOCIETY THEY LOVED AND SERVED SO WELL DURING THEIR ABSENCE.

NEW JERSEY DOCTORS KNOW THEIR DUTY AND WILL DO IT.

We make no appeal to the members of the Medical Society of New Jersey based on the ground of fear of their being drafted or being counted as slackers. We hesitate to appeal even to their sense of duty. The doctors of our State have made a record excelled by none, equaled by few, if any, of loyalty to country and loyalty to the highest ideals of our profession for unselfish devotion to the welfare of humanity.

We need only to remind our readers that for six years our State Society could hold no meeting because nearly all its members were engaged in the civil or military duties of the State during the Revolutionary War; that during our Civil War there was a most liberal response made by the doctors of our State to every call for their professional services, and that on the first call of the Government for doctors in the present World War for 500 New Jersey doctors, fully 600 have offered their services. And even before that first call, and long before our Government actually declared war, many of our New Jersey doctors joined the hundreds of their brethren who, hearing the world's and humanity's call, responded and went abroad to care for the world's wounded and suffering thousands regardless of

their own personal comfort and any possible sacrifice.

The second call has just been issued for 5,000 more doctors for the army and 2,000 for the navy, and New Jersey's proportion has been fixed at 100 of that number. It is only another opportunity offered to the doctors of our State, between the ages of 21 and 55 years, to demonstrate the unbounded patriotism that characterizes the medical profession of the State of New Jersey and the only questions for decision on the ground of *duty* are as to physical ability, the greatest need for their service, whether in the army, navy or in the home field—in institutional or communal service. To the great majority, if not to all the members of the profession who are over 55 years of age, it is a source of deep regret that age debars them from membership in the M. R. C. and active work at the front, but their patriotism has found and will continue to find expression in service at home on examining and advisory boards without compensation; in caring for the practice of their brother practitioners who are in the service and in any other work that may call for patriotic, unselfish, self-sacrificing expression.

There is one call of duty which has been heard and accepted with deep regret by those who responded readily and cheerfully to their country's call, but were compelled to accept the "honorable discharge" from duty because of severe illness contracted in service, or physical disability that existed prior to their enlistment, or to imperative communal needs at home. They are worthy of the same honor we delight to bestow on those who remain in the service reflecting honor upon us and their profession.

Since the above editorial was prepared, and after thoughtful consideration of the article inserted on another page, entitled "Surgeons Who Broke Orders to be Rewarded," the Editor has been querying whether he owes an apology to the readers of the Journal, and to those especially who are in the country's service, for using the word "*duty*"; for there never has been and never will be such a magnificent opportunity for displaying the true spirit of the medical profession as the present World War furnishes; therefore our members who respond to the Government's call for doctors do not, cannot consider the question as one of duty, but rather count it the greatest privilege and honor that could come to them. All honor then to the members of

our profession who have since the war begun been making records that stamp them as true heroes whose courage, fearlessness, bravery has not stopped to count the cost even if it be of life itself.

The call for 100 more New Jersey doctors has come. We urge prompt acceptance, as a *matter of duty*, on none. We point to the noble men in the service—our own men and the men referred to in the article elsewhere. Who will have the commendation, honor, glory of such service? *New Jersey will supply the one hundred additional doctors and as many more as shall be needed.*

MEDICAL PATRIOTISM AND THE STATE ASSOCIATION.

Without apology, the Journal is appropriating the splendid editorial of Dr. Reed, which appeared in the December issue of the *California State Journal of Medicine* under the above title. It deals so forcefully with a matter we have sought to have our members realize the importance of that we urge all to carefully read and act upon it.

"It has been iterated and shall be reiterated that patriotism consists in actions as well as words and of the two, actions are the more important. From the beginning American men of medicine have been noteworthy for their maintenance in vigor and purity of the institutions and ideals of their country. Nor have they fallen short in the present emergency. The response in New Jersey to the summons of the Army and Navy is enthusiastic and liberal. Our quota has been provided. There are, however, certain less public and obvious fashions of expressing and rendering patriotic service, and these must not be lost to attention. For instance, the physician finds the duty of public service, which is his constant companion, enormously intensified in war-time. Then must he educate, and watch, and prevent, and organize as he never did in peace time. Then must he take counsel of himself and his fellows, for the health and security of the civil population, that they be protected from themselves as from the harpies who would prey upon them, that their ignorance and indifference fall not a spoil to the politician and the money-seeker. All of the public obligations of the physician, by that very token, are greater in time of war. And they are greater because on the proper fulfillment of them depends the health and fighting efficiency of the military, and the health and supporting efficiency of the civil population.

Hence comes the necessity now for the physicians in New Jersey to assume his public role as he has not done heretofore. Hence the necessity for him to organize as he has not done before. Organization and efficient assumption of these public obligations by the medical profession are thus a definite and clear public duty. They are a necessary form of patriotic service. The doctor who conscientiously or of necessity is not in uniform, cannot escape this obligation. If he is neither in service nor in the organized ranks of his profession, then he is a slacker from the obligations of a public nature which rests on our profession today. The war is a trumpet call for every reputable physician to enroll in his local county medical society, and help direct and extend the useful functions of the State Association.

The Medical Society of New Jersey needs every doctor in the Commonwealth. It is only 80 per cent. efficient when its membership includes but 80 per cent. of the doctors of the State. Now is the time for every and each county society to make an organized campaign to increase its membership to include the medical profession in its territory. This is a patriotic duty for each society and a patriotic obligation on it. A measure of the energy and life of the county society is found in the ratio of its members to the entire profession of its territory. The Association is not a political machine, nor a plaything of a clique, it is the organized medical profession of the State and it can accomplish great things for the profession, and through them for the civil body, and beyond that for the country, if only this clear-cut obligation is felt, and on the other, by each physician in the State.

Each county society should initiate an aggressive and carefully planned campaign, as a patriotic duty, to increase its membership to the available limit.

HONOR ROLL.

The Editor has endeavored to secure a full and reliable list of the physicians of New Jersey who have responded to the call for war service, but it has been heretofore impossible. As the Journal goes to press, the A. M. A. Journal, June 1st, comes, giving data from which we expect to insert New Jersey's Honor Roll in next month's issue. If any names are omitted or incorrectly given in the A. M. A. Journal, members will please notify the Editor as soon as possible. The A. M. A. Journal says: "There are 23,196 physicians actually com-

missioned and practically all on active duty. Let it be remembered also that there are some 25,000 physicians engaged in the work of the local, district and advisory boards.

GENERALS GORGAS AND WOOD.

There are two eminent physicians whose services this country cannot afford to dispense with or curtail—Surgeon General W. C. Gorgas and Major-General Leonard Wood. The former should be retained regardless of the fact that he had reached the age limit. There is certainly no diminution in his mental, physical or professional ability. General Wood should be retained at the head of his army division for service in France, regardless of any political, jealous or other unworthy influence that may be seeking his removal or retirement from active war service. The public is entitled to know why he—one of the ablest generals in our Army should suffer such indignity, and the people should insist that justice shall be done him, not for his sake, though he deserves it, but because any trifling with the sacred interests of our country by attacking its defenders in such a time of peril as the present, savors of disloyalty. If there is no just cause for removal or assignment to less active war service of an able army officer, such action tends to destroy all true soldiers' worthy ambition for promotion and to prevent the highest efficiency in service.

The Editor takes great pleasure in calling attention to the financial statement presented by Chairman Strasser of the Committee on Publication in his annual report to the Society, which is inserted on page 211, because it shows a large balance on hand instead of the loss reported in previous years. This splendid financial outcome, it should be stated, is very largely due to the faithful and efficient work of the chairman of the committee.

It is with regret that we are compelled to delay until next month the insertion of a paper by Dr. D. E. English of Summit on "Eating," and one by Dr. G. B. Philhower of Nutley on "The Immortality of Man, as Based on the Life of William Hanna Thomson, M. D., LL. D."

Passaic County Corrected Its List of Delegates After Program was Printed.

Frank J. Keller, Charles J. Kane, A. Ward Van Riper, Joseph H. Oram, D. H. Mendelsohn.

Special War Items.

Orders to Officers of the Medical Reserve Corps (Members of Medical Society of New Jersey).

Lieut. Aaron H. Baldwin, East Orange, to Hoboken, N. J., base hospital.

Capt. Abijah O. Buck, Elizabeth, to Fort Oglethorpe, Ga., for instruction.

Lieut. Charles W. Buvinger, East Orange, to Fort Oglethorpe, for duty.

Capt. William L. Cornwell, Bridgeton, to Fort Oglethorpe, as orthopedic surgeon.

Capt. Harris Day, Chester, to Fort Oglethorpe, for instruction.

Lieut. Harvey M. Ewing, Montclair, to Washington Barracks, D. C., for duty.

Lieut. Halvor L. Harley, Pleasantville, to Fort Des Moines, Iowa, for duty.

Lieut. Meyer Jedel, Newark, to Camp Lee, Petersburg, Va., for duty.

Lieut. Henry E. Klaus, West Hoboken, to Hoboken for duty.

Lieut. Edward S. Krans, Plainfield, to Camp Dix, as member of the tuberculosis examining board.

Lieut. Thomas K. Lewis, Camden, to Camp Gordon, Atlanta, Ga., base hospital.

Capt. Charles R. Mitchell, Paterson, to Camp Devens, Ayer, Mass., base hospital.

Lieut. Bernard A. O'Connor, Harrison, to Camp Gordon, Atlanta, Ga., base hospital.

Lieut. John Pellarin, West Hoboken, to Camp Tremont, Palo Alto, Cal., for duty.

Lieut. Lawrence E. Rogers, Trenton, honorably discharged on account of physical disability.

Lieut. Henry H. Tomlin, Wildwood, to Fort Oglethorpe, for instruction.

Capt. Harry Vaughan, Morristown, honorably discharged on account of physical disability.

Capt. Clarence L. F. Vreeland, Pompton Lakes, to Camp Kelly, San Antonio, Texas, for duty.

Lieut. John F. Weber, South Amboy, to Camp Dix, Wrightstown, for duty.

Orders to Other New Jersey Doctors.

Lieut. Joseph C. Bulson, Passaic, to Fort Oglethorpe, for instruction.

Lieut. Charles Browne, Princeton, honorably discharged for physical disability.

Lieut. Howard T. Blair, Hoboken, to Newport News, Va., for duty.

Capt. Gerhard H. Cocks, Lakewood, to Camp Upton, L. I., base hospital.

Lieut. Cornelius V. Clock, Passaic, to Camp Dix, for duty.

Lieut. Thomas A. Craven, Atlantic City, to Camp Dix, for duty.

Lieut. Warren Z. Dell, to Camp Dix.

Lieut. Ernest A. L. Dickinson, Trenton, to Bristol, Pa., for duty.

Lieut. Charles Englander, Cedar Grove, to Camp Travis, Texas, as member Tuberculosis Exam. Board.

Lieut. Samuel R. Fairchild, Penn's Grove, to Camp Devens, Mass., as member of Tuberculosis Exam. Board.

Lieut. Isador H. Franklin, Jersey City, to Army Medical School, for instruction.

Capt. John A. Freese, East Orange, to N. Y. City, Bellevue Hosp., thence to Camp Hancock, Ga., base hospital.

Lieut. David M. Gardner, Benson Mines, to Army Medical School, for instruction.

Lieut. Hugh V. Gillion, Paterson, to Newport News, Va., for duty.

Lieut. Kenneth Johnson, Montclair, to Fort Oglethorpe, Ga., for instruction.

Lieut. Leonard M. Kalaher, Jersey City, to Camp Greene, N. C., base hospital.

Lieut. Otto Kothe, Union Hill, to Camp Lee, Petersburg, Va., for duty.

Lieut. Alonzo W. Little, Secaucus, to Camp Dix, Wrightstown, N. J., base hospital.

Lieut. Kenneth E. McCamey, Jersey City, to Fort McPherson, Ga., base hospital.

Major Charles E. MacDonald, Salem, to Fort Bliss, Texas, for duty.

Lieut. Edwin Pyle, Jersey City, to Army Medical School, for instruction.

Lieut. Leo V. Rosenthal, Trenton, to Fort Riley, for instruction.

Lieut. Howard S. Smith, Newark, to Camp Sheridan, Ala., for duty.

Lieut. David C. Thompson, Bloomfield, to Fort Oglethorpe, for instruction.

Lieut. John A. Thurston, Summit, to Rockefeller Institute, for instruction in treatment of infected wounds.

Lieut. Sydney R. Titsworth, Plainfield, to Fort Oglethorpe, Ga., for instruction.

Lieut. Everett A. Tyler, Haddon Heights, to Hoboken, base hospital.

Lieut. William H. Warren, Newark, to Fort Oglethorpe, Ga., for instruction.

Lieut. George W. Williams, Trenton, resignation accepted.

War Service Questionnaires for Doctors.

Questionnaires to determine their availability for war service have been sent to every doctor in New Jersey between the ages of twenty-one and fifty-five. This was decided upon at a meeting of the N. J. State Committee, Medical Section, Council of National Defense, held in Newark, May 16th. It was adopted as the best means of procuring the 100 doctors New Jersey will be called upon to supply within a short time. Those doctors who fail to return questionnaires after the third has been sent them, will have their names placed on a list to be published broadcast, it was stated.

Ineligible Doctors to Be Organized.

The General Medical Board of the Council of National Defense on May 21st started a campaign to organize all physicians ineligible for camp or field duty into the Volunteer Medical Service Corps, so that the nation may be in a position to meet the demands of the war. A letter was sent to several thousand doctors which read in part:

"The Council of National Defense has authorized and directed the Medical Section of the Council to organize the physicians of the country who are ineligible for membership in the Medical Reserve Corps on account of physical disability, over age (55), or civic or institutional needs, into the Volunteer Medical Service Corps. The members of this corps will be classified according to their ability to serve and will render aid to existing governmental agencies upon request of the Army, Navy, Public Health Service, American Red Cross, or the Council of National Defense.

"It is hoped that every physician who, for

any one of the reasons enumerated above, is unable to enroll in the Medical Reserve Corps will join the Volunteer Medical Service Corps. Since you have already indicated your desire to serve the Government by applying for a commission in the Medical Reserve Corps, you are among the first to be sent an application blank, which, it is hoped, you will fill out and return immediately to this office."

The fact is emphasized that rejected applicants for service in the Medical Reserve Corps may overcome the physical defects that led to rejection, and may, therefore, become eligible, or that the essential public or institutional needs may become less important as the extreme needs of the army and navy become apparent. Each physician is asked, therefore, to pledge himself to apply for a commission in the Medical Reserve Corps if at any time he becomes eligible.

The general management of the Volunteer Medical Service Corps is vested in a Central Governing Board, which is a committee of the General Medical Board of the Council of National Defense and the State governing boards consists of the State Committees, Medical Section, Council of National Defense.

The procedure for joining is simple. The applicant returns his filled blank to the Central Governing Board in Washington and it is then referred to the proper State Executive Committee for its recommendations as to the qualifications of the applicant, and as to the kind of work for which he seems most fitted.

Medical Students Exempted from New Draft.

Senate Joint Resolution No. 124 provides that medical students in bona fide attendance at recognized medical schools shall be exempt from draft under the Selective Service Law of May 18, 1917. The resolution has passed both houses of Congress and presumably will receive the approval of the President. Medical students who have attained the age of 21 years since June 5, 1917, and on or before June 5, 1918, the day set for registration by proclamation of the President; will, like all other men of the same age period, be required to register; the time and manner of claiming exemption will be defined hereafter.

No medical student entering college after the approval of the resolution is entitled to exemption. Any student entitled to exemption loses that right as soon as he ceases to be a medical student in a recognized medical school, whether his status as a student is terminated by the interruption of his medical course or by graduation.

Dr. Alexis Carrel of the Rockefeller Institute, New York, has been appointed by the French Government to the rank of Commander of the Legion of Honor. This decoration was bestowed upon him by M. Mourier, Under Secretary of State for Medical Service, in the presence of a number of noted personages.

The Field of Honor.

The New York Tribune of May 19th gives the pictures of the following New Jersey men who have given their lives in the Great War:

Paul G. Osborn, Montclair, killed in France while serving with American Ambulance Corps; Lieut. Edmund J. La Porte, Plainfield, died in

France; Ensign Walker Ten Eyck Weed, Montclair, died at Cape May as the result of a hydro-aeroplane accident; Lieut. Briggs K. Adams, Montclair, killed in action, was member of the Royal Flying Corps; Lieut. Walter L. Johnson, Jersey City, killed in airplane accident at Kelly Field, Texas.

We would also remember Cadet Bonyng, of Washington, N. J., who was killed at a training field of the Royal Flying Corps in Canada, and the two honored members of our State Society who gave their lives in our country's service—Drs. Archibald F. Graham, of Paterson, and James B. Griswold, of Morristown.—Editor.

SURGEONS WHO BROKE ORDERS TO BE REWARDED.

The New York Tribune correspondent "with the American Forces in Picardy," cables the following:

The General commanding the American forces in Picardy told The Tribune correspondent to-day that he had recommended more than thirty Americans for the American Distinguished Service Medal in recognition of the finest bravery yet shown by any members of the American Expeditionary Force.

Seated in his living quarters as he told me this, so close to the front as to be almost under fire, this American general praised army medical corps men, who, he declared, were guilty of a severe breach of discipline, but worthy of high recognition from their government. The general said:

"These men were among the units of American troops caught in a recent shelling, in which the enemy rained more than 12,000 gas shells, mixed with about 3,000 high explosive shells, on a small area. The night was intensely dark and a drizzling rain was falling.

"Caught by the gas and forced to put on their masks, through which the moisture made it almost impossible to see a foot ahead, the troops waited for a cessation of the shelling, but many were caught by the explosive shells and wounded.

"Their cries for aid stirred the medical corps men to the quick, but to remove their masks in order to carry on the work of mercy meant that they, too, would be casualties soon, if not dead men. They stood it as long as they could, and then, one by one, whipped off their masks and flew to the aid of the wounded, working at top speed in an effort to bandage or ease the wounds of as many as possible before they fell from the effects of the deadly vapors.

"Many a wounded soldier's life was saved by these men. Every medical corps man who demonstrated such magnificent devotion to his comrades was later carried off the field on a stretcher to the hospital in the rear, where many of them are lying to-day in the same ward with the men they saved.

"Taking off the gas mask during a gas attack is an extraordinary breach of military order, and the men whom I have recommended for the Distinguished Service Medal were guilty of this breach."

"You may rest assured," added the general after a pause, "that this is one case in which punishment will not be insisted upon. These men knew better than do ordinary soldiers the deadly effects of breathing mustard gas. Thus they willingly sacrificed their own bodies to

give aid to others, a fact that every American should know. Some of them have also been recommended for the French War Cross."

Regulations forbid even naming those mentioned by the general, until the recommendations have been approved. Though they say that the attack in question occurred on May 4, the story of this heroism is made known for the first time to-day.

Surgeon Heroes at Zeebrugge.

Details of the British naval attack on Zeebrugge reveal that the medical service performed its share of the hazardous business with great courage and efficiency. Most of the casualties on the *Vindictive*, the veteran cruiser which carried off the chief honors of the raid, occurred before she got alongside the mole, and these were promptly dealt with, despite the darkness, the crowded condition of the ship and flying shot and shell. One of the surgeons found himself working in an area that had become flooded with petrol. Fortunately it was not ignited. In all there were six surgeons on the *Vindictive*, and when the mole was reached several remained on board tending the wounded, while the remainder, with their stretcher bearers, jumped to the mole to look after casualties expected there. With great difficulty and under sharp fire they superintended the removal of the wounded to the ship.

Gen. Foch Praises the American Red Cross.

France's appreciation of the work of the American Red Cross is voiced by General Foch, commander in chief of all the armies holding the Germans on the Western front, in a cable message received at Red Cross headquarters at Washington, D. C., recently.

"America has come into the war with the Allies," the message said. "She has generously brought the aid of her army, of her resources, of all her industrial and commercial power. These are surely pledges of victory.

"But she had already done still more by her beneficence. The American Red Cross has from the beginning of the war rendered great service to our country, whose people and whose prosperity have suffered so much. Her active and fruitful work has dressed many wounds. Her discreet activity has been felt in the too great spheres of suffering.

"France will keep the never to be forgotten memory of the impulse which has brought Americans to the bedside of her wounded."

Red Cross Constructive Work.

"No other organization since the world began has ever done such great constructive work with the efficiency, the dispatch, understanding, often under adverse circumstances, that has been done in France by American Red Cross in the last six months."

GENERAL PERSHING.

What does General Pershing mean by "constructive work?" He means the share the Red Cross has had in reuniting scattered families, he means homeless children domiciled, bewildered refugees collected and protected, old men and women and babies received from behind the German lines and sent to homes and hospitals, the terrible tubercular scourge and

other illnesses grappled with. He means medical and surgical supplies, nurses, hospitals, ambulances and dispensaries, artificial limbs and convalescent homes for the sick French soldiers. He means food, baths, rest, recreation, comfort and cheer for the poilu on leave.

He means that the American Red Cross has helped to sustain the courage, the hope and the patience of our fighting allies, of the soldiers themselves and the soldiers' families. Through the Red Cross the armies and peoples of France and Belgium and the other Allied countries have come to realize that they have friends, and under this touch their spirits have flamed into a new resolution to fight on and bear all.

American Red Cross Work in France.

In March a 300-bed sanatorium for the treatment of tuberculosis was opened by the Red Cross near Paris. An important part of the work in which Dr. O. H. Sellenings has been interested, in the child welfare work in France, is the medical examination of children arriving in convoys. Since the establishment of the service in November 13,708 children have been examined and 376 treated in a hospital at Evian for acute and contagious diseases.

Rutherford Mansion for Hospital Use.

The Iviswold, a fine mansion in Rutherford, built by D. B. Ivison, the publisher, 35 years ago and which contains forty rooms, has been accepted by the government for hospital purposes.

Convalescent Hospital at Lawrenceville.

It was recently decided that a government convalescent hospital will be erected at Lawrenceville. This institution, which will accommodate 150 patients, is to be the nucleus of a 500-acre farm where returned soldiers, as they gain health, may be taught agricultural pursuits.

Jersey City and Hoboken Hospitals Taken.

St. Mary's Hospital at Willow Avenue and Fourth street, Hoboken, three blocks from the Government piers, is to be taken over by the Federal authorities for the sole use of military and naval patients. This will be the first complete Government hospital at the Jersey port. The 600 patients now in the hospital are being removed to hospitals in Jersey City and North Hudson. Following close on this announcement came another stating that St. Francis Hospital, East Hamilton place, Jersey City, would also probably be taken over by the Government. Contemplating that demands may be made to turn over at least part of the City Hospital for the care of soldiers and sailors, the Jersey City Commissioners have ordered that work be begun on an addition that will add 150 beds costing \$150,000.

Sea View Hospital Also Taken.

At a recent conference between the New York authorities and Lieutenant-Colonels Hornsby and Kramer, an agreement was reached whereby the Sea View Hospital, Staten Island, conducted by New York City as a tuberculosis hospital has been taken over by the

Government and its patients will be moved to the city's tuberculosis hospital at Otisville, N. Y., where the army has agreed to erect additional buildings.

War Hospital Offered at Orange.

Col. Austin Colgate has tendered, on behalf of his brother Sidney M. Colgate and himself, the estate of the late William Runkle, at Orange, for use as a war hospital. The offer was made to the government through Major William C. Gorgas, Surgeon-General, U. S. A. The house contains eighteen rooms and is surrounded with three and one-half acres of ground. There is a conservatory, a grape arbor, garage, stable and commodious barn.

The house and buildings are ideally located for a convalescent home.

Health of the United States Army—In an address delivered recently in Chicago, Surgeon-General Gorgas is quoted as saying that the United States Army has surpassed the record of the Japanese Army, heretofore considered the model of the world, in holding down the percentage of disease among its forces.

REPORTS TO BE PRESENTED TO THE MEDICAL SOCIETY OF NEW JERSEY AT THE 152nd ANNUAL MEETING.

REPORT OF THE JUDICIAL COUNCIL.

Mr. President and Gentlemen:

Since my last report May 16, 1917, there have been five calls for medical defense. Two cases have been tried and one case retried, and both resulted in favor of the defendants.

Two of the councilors are in the service of their country. Major John C. McCoy of the Second District is now in France, and Maj. William A. Clark of the Third District having served a time at Camp Dix, and now is in Hoboken, expects to cross over soon.

As it requires the presence of three members to transact business in the Board of Councilors and it may not always be possible for all to report I would suggest that temporary appointments be made till they return.

Respectfully submitted,

Wm. H. Iszard, Chairman.

May 8th, 1918.

REPORTS OF DISTRICT COUNCILORS.

First District.

(Union, Warren, Morris and Essex Counties.)
Dr. William H. Iszard, Chairman:

The following report for the past year is submitted for the First District.

The societies comprising this district have held regular meetings and are in a healthful condition.

During the year the following list of cases against members of the Medical Society of New Jersey were pending and disposed of: Drew v. Dr. Peter B. Cregar, (Plainfield, Union Co.); Hearn v. Dr. Linn Emerson, (Essex Co.); O'Brien v. Dr. Joseph Fewsmith, (Essex Co.); Wilson v. Dr. Edward Klein, (Hudson Co.); Raup v. Dr. Thomas S. McCabe, (Essex Co.); Boesch v. Dr. James H. Lowrey, (Essex Co.); Kukla v. Dr. Jeremiah F. O'Connor, (Hudson Co.); Creran v. Dr. Harry C. Povey, (Essex

Co.); Prantl v. Dr. H. L. Harley, (N. J. Supreme Court, Atlantic Co.); Lambert v. Dr. Kelchner, (N. J. Supreme Court, Cape May Co.).

In none of these cases has the plaintiff been able to obtain and hold a verdict. The favorable result the Society has been able to obtain in fighting these cases is due to the fact that it fights them from a professional and not from a commercial standpoint.

Some of the members of the Society from this district have been sued for alleged violations of the Harrison Narcotic Law. Since the enactment of this law a goodly number of cases of drug-users and drug-dispensers have been coming before the courts of law.

A large proportion of these cases are traceable through the statements made by the prisoners to the furnishing of narcotic drugs by physicians under the method of "reduction treatment." Most of them point to a few physicians, who are engaging in this sort of practice. In many instances the habitues go to these physicians and obtain prescriptions from several of them. In this manner they keep themselves well supplied with drugs for their own personal use and often have enough to spare for sale to other habitues.

It is well known to the courts that a number of persons convicted of other crimes are drug habitues, and that many of these crimes are due to their desire to obtain drugs. Their main source of supply is through a few physicians, who are so well known to them that even addicts from New York come over to obtain prescriptions.

The record of convictions in the Courts do not by any means tell the whole story, for many escape through insufficient evidence obtainable for indictment and still others get by petit juries.

During the past two years the records of the Essex County courts show about sixty-five cases charged directly with the use of heroin or cocaine.

The problem is a serious and ever-increasing one. As the prohibition of the use of alcoholic beverages throughout the country spreads, the indulgence in narcotic drugs will probably increase to a greater and greater extent. This important matter of the increasing use of narcotic drugs is of great concern to the medical profession and merits the serious and earnest consideration of the Medical Society of New Jersey. The questions connected with it need careful study and solution. Some physicians contend that the refusal to prescribe for the amelioration of the sufferings of these unfortunate victims of drugs is the neglect of a humane duty, while others, who seem to be in the majority, maintain that the practice of prescribing for irresponsible and uncontrollable habitues by the wrongly applied and ineffective method of "reduction cure," is nothing short of moral obliquity and professional prostitution for personal gain.

During the last year through a committee appointed by the Mayor of Newark, a conference of leading lawyers and representative physicians, druggists and laymen was held. A committee was appointed to draft a bill, which was duly presented to the Legislature rather late in the session. It did not receive the proper consideration and was defeated.

Is it not time for the Medical Society of New Jersey to take up this urgent and important

matter? The Councilor for the First District recommends that a special committee be appointed to study the question of Narcotic Drug Addiction thoroughly, and with the aid of the counsel of the Society and of the Legislative Committee too, work for the enactment of adequate laws for the care and treatment of narcotic drug habitues.

Yours respectfully,
Christopher C. Beling.

Second District.

(Sussex, Bergen, Hudson and Passaic Counties)

No report can be made as the Councilor is in service in France.

Third District.

(Mercer, Middlesex, Somerset, Hunterdon Counties).

Dr. William H. Iszard, Chairman:

On account of being called into the army service last summer, I have not been able to make my usual visits to all the county societies. I have been informed that the zeal concerning professional and ethical subjects continues in the Hunterdon and Somerset societies with the same order as usual. I have visited both the Middlesex and Mercer County societies. Neither of them have relapsed their uniform interest in the advancement of the medical sciences and have maintained their usual high standard.

All of the societies, I am informed, are well represented in the army service.

Very respectfully,
William A. Clark,
Councilor of Third District.

Fourth District.

(Camden, Burlington, Ocean and Monmouth Counties).

The societies in this district have all felt the direful influences of the terrible war. Each society is well represented in the service and the members at home are cheerfully looking after their work.

On March 12, 1918, I was notified of a letter having been received by a member of the Ocean County Society from an attorney inviting the settlement of an alleged claim that was placed in his hands for collection. On the receipt of this notice Council was called together and went over all the facts with the defendant, then conferred with the society's attorney with the defendant present. He advised that the case was defensible and was given an order to defend the doctor. I understand suit has not yet been brought.

Respectfully submitted,
William H. Iszard,
Councilor of Fourth District.

Fifth District.

(Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).

Dr. William H. Iszard,
Chairman, Judicial Council:

I herewith submit my report as councilor for the Fifth District, for the year 1917-1918.

The county societies of this district have held their regular meetings throughout the year, with good attendance and active interest shown in all their proceedings.

The war finds many of our members in the

service and many more making their preparations to go. The members remaining at home are also busily engaged in government duties of various kinds. The district, local and medical advisory boards organized throughout the State, have met with prompt and loyal service from the profession. All phases of medical activities connected with the service met with quick and cordial response in this district, many of our members are with the colors in France and elsewhere, while many more are with the different cantonments receiving the necessary training to fit them for their work abroad.

Arrangements for looking after the families and work of those in the service during their absence have been made by all of the local societies, and they are working out in good form considering the difficulties to be surmounted. The spirit of all concerned in this matter is most generous and fraternal and a credit to the profession.

We had one medical defense case to look after in this district this year. After the usual legal delays and postponements, the society won its case and the physician involved was acquitted. I regret, however, in connection with this case, the necessity of directing the attention of the State Society to a deplorable and pernicious practice upon the part of some of the members of this society in taking the witness stand in behalf of the plaintiff, as opposed to the interests of the State Society in their defensive efforts.

The inconsistency of such conduct is most obvious and tends to disparage, discredit and dishonor the work of the State Society in its defense work. The Society should call a halt upon this practice of its members or else abandon altogether its medical defense.

Another unfortunate result of such conduct is the tendency to bring about misunderstandings and thus injure the otherwise cordial relations existing between the local societies. In this instance the Atlantic County Society through its committee, made a vigorous protest to the Camden County Society as well as to the councilor of the district, concerning the conduct of one of its members at this trial. The matter was referred by the Camden County Society to its censors, who appointed a time and place of meeting to which all the parties concerned were invited to be present and present their evidence. After a thorough sifting of the evidence adduced and an earnest effort to restore good fellowship between the parties aggrieved, the censors made a report of their findings at a subsequent meeting of the Camden County Society. After full discussion the society again referred the case to the censors for further action, and I have no doubt the matter will be properly settled at the next meeting of that society.

The Atlantic County Society feeling that they had not been treated justly by the censors of the Camden County Society, ran with unseemly haste into print in the local daily papers, disparaging and discrediting the attitude and motives of the Camden County Board of Censors before their report or its content had been made known.

The reputation and honor of the profession should be more jealously guarded from the reproach and stigma brought upon it by such regrettable incidents. The Society should

either abandon its system of medical defense or insist that its own members honor our efforts in behalf of those who may be unfortunate enough to be the victims of malpractice suits.

Death has dealt kindly with us this year, but a few have been called to the Rest Eternal, among whom was our beloved Ex-President of the State Society (1909), Dr. Benjamin A. Waddington.

Respectfully,

James Hunter, Jr.,
Councillor, Fifth District.

REPORT OF THE COMMITTEE ON PUBLICATION.

Report of the Committee on Publication.
To the Medical Society of New Jersey:

Mr. President and Gentlemen:

Attached you will find the Business Statement and Comparative Statement of the Committee on Publication for the fiscal year 1917. We are proud to say that, in spite of stresses of all sorts, we have instead of a deficit, a substantial gain to report for the publication of The Journal, and from present indications the present year will probably repeat the success.

A glance at the Comparative Statement will reveal a very satisfactory state of affairs, I feel sure. I want to emphasize the hearty co-operation of the committee's members and to reiterate the self-sacrificing labors and valuable results of our Editor, whose work makes The Journal a monthly pleasure and gratification. We hope our present year, in our next report, will show substantial advances in many ways besides financial, and that our Journal will be a welcome and valuable visitor to all of our members.

Respectfully submitted,
August A. Strasser, Chairman.

STATEMENT OF AUGUST A. STRASSER,
Chairman of the Committee on Publication,
Concerning the Accounts Kept in Connection with the Publication "The Journal of the Medical Society of Jersey."

Business Statement.

Accounts Showing Income or "Receipts."

Advertising	\$3,913.61
Subscriptions (regular)	1,703.00
Subscriptions (extra)	25.80
Sales of Journals	22.80
Dividends Received	30.25

Total \$5,695.46

Accounts Showing Expense or
"Disbursements."

Printing and Mailing	\$2,442.92
Cuts and Plates	5.62
Gratuitous Reprints	44.40
Edit. Salary and Expenses.	1,500.00
Commissions on Advertising	
Orders	639.19
Discounts	62.56
Stationery and Supplies ...	28.50
Miscellaneous Expenses	154.00

Total \$4,977.19

Net Gain, from the Publication of The
Journal, for the year 1917..... \$ 818.27

Financial Statement.

Accounts Showing Debits, or "Assets."

Cash on hand, Dec. 31st, 1917.	\$188.35
Accounts Receivable for Advertising	601.44
Amount due from Medical Society of N. J. to Publication Committee	45.57

Total \$835.36

Accounts Showing Credits or "Liabilities."

Amount Credited to Advertisers on Prepaid Advertisements	\$ 17.09
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Amount of Assets over Liabilities

Showing Net Gain Stated Above \$818.27

Comparative Statements.

Showing Increase in Business.
Business Department.

	1915	Last seven months of 1916	1917
Accounts			
Advertising ...	\$1,096.31	\$2,253.78	\$3,913.61
Sub's. (reg)... 1x		1,683.00	1,703.00
Sub's (extra)..	12.30	19.90	25.80
Sales of Journals	5.45	35.86	22.80
		2x	30.25
Dividends Rec'd			
Pr'ting & Mail'g	1,206.31	2,468.71	2,442.92
Cuts and Plates	15.94	145.34	5.62
Gratuit's Rep'ts	21.30	49.55	44.40
Editorial Salary			
and Expenses	525.00	1,200.00	1,500.00
Commissions on			
A'v'tis'g Ord's	22.60	170.18	639.19
Discounts	5.22	28.62	62.56
Stat'n'y & S'pl's	15.00	20.50	28.50
Misc. Expenses.	81.71	110.07	154.00

Financial Department.

Cash on hand..	93.50	733.05	188.35
Acc'ts Rec'v'able	360.95	523.05	647.01
Acc'ts Payable..	1,266.47	1,456.53	17.09

Net Loss	6x \$ 812.02	\$ 200.43
Net Gain	\$ 818.27

Explanations.

1x No record appears to exist of the number of regular subscribing members during the year 1915, whose subscription continued during the period stated.

2x Dividend received from Co-Operative Medical Advertising Bureau on business transacted with it during the year. First time this was received.

3x Includes salary of the two months prior to period stated, but does not include salary for last quarter of 1915.

4x Includes salary for last quarter of 1915, but does not include salary for last quarter of 1916.

5x Includes salary for last quarter of 1916.

6x Includes loss of \$33 on sale of merchandise taken in payment of advertising prior to period stated.

No man is so confidential as when he is addressing the whole world.

One single man may be right against all nations and all times.—Chamfort, 1741.

The man who can laugh at his own folly is still a good way from being a fool.

Hospitals, Training Schools, etc.

Cooper Hospital, Camden.

During the month of April 395 patients were treated in the in-patient department; 270 were discharged during the month. In the out-patient department 859 new cases were treated.

German Hospital Changes Name.—The directors of the German Hospital, Jersey City, have unanimously voted to change the name of this institution to the Greenville Hospital.

Middlesex Hospital, New Brunswick.

The thirty-third annual report of this hospital has recently been issued. It is adorned with pictures of the old and new hospital buildings, showing the original John Wells Memorial Building and the new Pavilion which was completed last fall. A number of private rooms have been added and furnished by interested people and a six-bed children's ward. A Pathological Laboratory has been equipped by the medical staff which also installed an up-to-date x-ray machine. The training school for nurses is being ably conducted by the superintendent, Miss. Pugh.

The year 1917-1918 at the hospital records the most satisfactory work performed, the largest service and the best results ever obtained by this institution.

The following facts appear:

There were in the hospital March 1, 1917, 24 patients; admitted since to male ward, 225; to female ward, 157; to private rooms, 331; total, 737. Number of births, 75. Out-patients treated, 305. Patients discharged: Cured, 622; improved, 35; unimproved, 12; died, 26. Average cost of patient per day, \$2.05.

Medical staff: Drs. J. P. Schureman, president; L. P. Runyon, vice-president; F. M. Hoffman, secretary; D. C. English and H. G. Cooke, consulting physicians. Also Drs. F. M. Donohue, A. L. Smith, B. Gutmann, J. F. Anderson, F. L. Brown, F. E. Riva, F. W. Scott, D. L. Morrison, H. W. Nafey and N. N. Forney.

St. Mary's Hospital, Hoboken.

The hospital, a modern and finely appointed institution, which has been used in great part for army patients at the port embarkation, has been taken over formally by the government for use as an army receiving hospital, and the Sisters of Charity who have been in charge are shortly to depart. As an army hospital the institution will have accommodations for between 1,500 and 2,000 patients. Major T. C. Quick has for some time been in command at the hospital, where sick soldiers en route to or from Europe have been cared for, but their numbers has not been such as to prevent the receiving also of local people as patients.

As a government hospital, St. Mary's will be but a receiving institution, and as soon as the soldiers treated there are able to be moved they will be dispatched to base hospitals. Mayor Griffen and Health Officer Stack have begun negotiations with the North Hudson Hospital, Weehawken, for the care of general cases, and with Mayor Hague of Jersey City, in the hope of having contagious cases admitted to that city's institution.

Overlook Hospital, Summit.

Dr. Arthur Paulsen has been added to the medical staff, succeeding Lieut. J. A. Thurston of the M. R. C.

Monmouth Memorial Hospital, Long Branch.

Ground was broken on May 11th for a \$150,000 fireproof addition to the Monmouth Memorial Hospital in Long Branch. The expense will be met by Charles A. Wimpfheimer of New York and Long Branch, and will be in memory of his nineteen-year-old son, Jacques D. Wimpfheimer, who died from an attack of pneumonia last winter at a hospital in Hoboken. Jacques was in service in the Red Bank Ambulance Company, and when stricken requested that he be given the same treatment as the other privates. As a result he was sent to a ward in the Hoboken hospital. The father, is treasurer and a member of the board of governors of the hospital here. He has already given more than \$100,000 for the hospital during the past five years.

The Insane Perish in Hospital Fire.

Fire recently destroyed a ward in the South Carolina State Hospital for the Insane. Seventeen patients were fatally burned and several others were severely injured. It is believed to have been caused by defective electric wiring.

Bridgeton Training School for Nurses.

The graduation exercises of this Training School were held on the evening of May 22, when three nurses received their diplomas and were addressed by Dr. Walter P. Glendon.

City Hospital Training School, Newark.

At the thirtieth annual commencement held in the Nurses' Home of the hospital on May 22, twenty-nine nurses graduated, three of whom are already in the service of the Red Cross, waiting call to France, and seventy per cent. are enrolled for that service when needed. A silk American flag was presented to each of the graduates with her diploma and class pin; Mayor Gillen presented the diplomas and Rev. C. A. Smith made the principal address. Dr. Carl E. Sutphen, president of the Medical Board, also took part.

Cooper Hospital Training School, Camden.

The commencement exercises of this institution was held on the evening of May 16th when eight nurses graduated. Dr. R. M. Jones, professor of philosophy at Haverford College, made the principal address; Alex. C. Wood, vice-president of the hospital board of managers, presented the diplomas, and Dr. Daniel Stock, of the surgical staff, awarded the prizes.

Monmouth Memorial Hospital Training School, Long Branch.

At the twenty-first annual commencement of the Training School for Nurses of this hospital held May 23rd, eleven graduates received their diplomas. Dr. James J. Reed of Seabright, Sheriff Geran of Matawan and Mrs. W. D. Harper of Newark delivered addresses. The latter spoke of the gift of C. A. Wimpfheimer of a \$150,000 wing to the hospital in memory

of his son. The hospital last year cared for the greatest number of patients in its history.

Mountainside Hospital Training School.

Graduating exercises of this Training School for Nurses were held in the Montclair Congregational Church on the evening of May 27, when eight nurses received their diplomas. Dr. James Spencer Brown, who for several years has been at the head of the medical staff, made the principal address.

Overlook Hospital Training School, Summit.

Eight nurses graduated from this Nurses' Training School last month. They presented a large American flag to the institution during the exercises. The exercises were presided over by Dr. R. H. Hamill. Addresses to the graduates were delivered by Treasurer C. D. Ferry of the hospital association and Dr. William J. Lamson.

St. Barnabas' Hospital Training School.

Nine nurses received their diplomas at the commencement exercises of the Nurses' Training School of St. Barnabas' Hospital last month.

St. Peter's Training School, New Brunswick.

The St. Peter's General Hospital Training School for Nurses held its annual graduation exercises on the evening of May 8th in Columbia Hall, New Brunswick, with large attendance and an exceedingly interesting program, the quartette and solo singing was excellent.

Dr. Frank M. Donohue, president of the medical staff presided and made a brief introductory speech.

Judge Peter F. Daly delivered an exceedingly practical and eloquent address to the graduating class. Dr. J. Warren Rice, dean of the medical staff, in a few appropriate remarks, introduced the graduates to Rev. Francis J. Quinn, who after a brief address presented the diplomas. Mr. John H. Conger, president of the Board of Managers, presented each graduating nurse with a school pin, after a few well chosen remarks.

All the speakers referred in tendor and appropriate words to the absence, on account of illness, of Monsignor J. A. O'Grady, to whom the founding and the success of the hospital and training school were largely due.

State Village for Epileptics, Skillman.

Opportunity to see what is being achieved by and in behalf of the wards of the State at the Village for Epileptics was afforded by the Tenth Annual exhibition of Parents' Work on June 1, from 2 to 5 o'clock. The program included an entertainment by the patients from 2 to 4 o'clock. The institution was open for inspection and there were exhibits of the handiwork of patients in the different departments.

Bonnie Burn Sanatorium.

Dr. John E. Rannels, Superintendent, reports that on April 1, there were 167 patients in the Sanatorium—102 males and 65 females; during the month 216 patients were admitted, classified as follows: Incipient, 3; moderately advanced, 3; far advanced, 18; bone and gland cases, 2.

Dedication was made on May 30th of the new children's building at the Bonnie Burn Sanatorium by the Union County Board of Freeholders and the board of managers of the institution. Presentation of the building was made by Director Teller of the Freeholders, and Dr. William H. Murray, president of the managers, made the address of acceptance. The institution will accommodate 100 children and there now are fifty there. It is a preventorium, rather than a sanatorium.

(See Hospitals under Special War Items).

Marriage.

FISHER-ACKERMAN.—At Asbury Park, N. J., Dr. James A. Fisher of Clayton, N. J., to Miss Janet Ackerman of Asbury Park.

Engagement.

ZEHNDER - GLASGOW. — Dr. Thomas M. Glasgow, Passaic, recently announced the engagement of his sister, Miss Mary S. Glasgow, to Capt. A. Charles Zehnder of Newark, of the M. R. C., who is on duty at Princeton with the Aviation Section.

Deaths.

ANDREWS.—At Camden, N. J., May 8, 1918, Dr. T. Hollingsworth Andrews, aged 75 years. He was born in Camden in 1843; graduated from Jefferson Medical College in 1864; served as an interne in Philadelphia and Camden hospitals; was surgeon of the Police and Fire Bureaus of Camden for 15 years; he relinquished private practice three years ago. During the Civil War he served with the Sanitary Commission.

FYFE.—In Jersey City, N. J., April 26, 1918, Dr. George D. Fyfe, aged 48 years. Dr. Fyfe was born in 1870; graduated from the New York University Medical College in 1896. He was a member of the Hudson County Medical Society, the Medical Society of New Jersey and a Fellow of the American Medical Association.

LITCHFIELD.—At Camden, N. J., May 1, 1918, Dr. Paul N. Litchfield, after an illness of four weeks with pneumonia, aged 45 years.

Dr. Litchfield was born in Jersey City in 1873; was the son of the late Dr. Henry Litchfield of the U. S. N.; graduated from Jefferson Medical College, Philadelphia, in 1899. He was a member of the Assembly from Camden; was elected by a plurality of 10,587 over the highest candidate on the Democratic-Fusion ticket in 1917.

MORRISON.—At Newton, N. J., May 10, 1918, Dr. Ephraim Morrison, aged 65 years. Dr. Morrison was born at St. John's, N. B., August 18, 1852. After a good education he graduated from the College of Physicians and Surgeons, New York City, in 1875, and immediately began practice in Newton. He was a member of Newton's first Board of Health; was for several years a member of the Board

of Education; was president of the association that established the Sussex County Farm Bureau; was a member of the Sussex County Medical Society and of the Medical Society of New Jersey; a Fellow of the American Medical Association and a director of the State Home for the Feeble-Minded at Vineland.

For fifteen years Dr. Morrison had been connected with the Merchants' National Bank there, having been a director continuously since 1902, vice-president from 1906 to 1912 and president since the latter date.

Dr. Morrison is survived by his wife, a son, Dr. Frank Morrison, who is a lieutenant in the M. R. C., and a brother, Dr. J. B. Morrison of Newark.

WARD.—In Newark, N. J., May 14, 1918, Dr. William R. Ward, aged 48 years. He was born in New Brunswick, in 1870; was graduated from the Hahneman Medical College and Hospital in 1893. He was a member of the Essex County Medical Society and the Medical Society of New Jersey.

Personal Notes.

Dr. Noble H. Adsit, Succasunna, is a member of the Morris County Grand Jury.

Dr. John F. Anderson, New Brunswick, discussed the papers on "So-called Cellular Anaphylaxis and on Experimental Pollinosis in Guinea Pigs," at the meeting of the Amer. Ass'n of Immunologists in March.

Dr. C. Hewson Canning, Atlantic City, fell three stories through an elevator shaft March 23, fracturing his skull and sustaining other injuries.

Dr. Edgar K. Conrad, Hackensack, has moved from Essex street to his new residence corner Hospital and Atlantic streets.

Dr. Frank H. Lovell Newark, and wife took a two weeks' automobile trip to Maine and Canada last month.

Dr. Harris Day, Chester, has been commissioned as captain in the M. R. C.

Dr. Henry P. Dengler, Springfield, is recovering from a severe illness.

Dr. Thomas N. Gray, East Orange, attended the War Conference of State Society Secretaries at the A. M. A. headquarters, Chicago, Ill., last month.

Dr. Henry W. Kice, Wharton, and wife entertained the Epworth League at their residence one evening recently.

Dr. Paul M. Mcray, Camden, has an able paper in the Camden Med. Society Jour. on "Surgical Emergencies of the Upper Abdomen."

Dr. Walter T. Madden, Trenton, was recently elected vice chairman of the Trenton Chamber of Commerce.

Dr. Henry M. O'Reilly, Summit, has been commissioned captain in the M. R. C. He will specialize in eye, ear, nose and throat surgery in the foreign service.

Dr. Walter C. Reiter, Summit, who has been teaching classes in first aid work has enlisted in the M. R. C.

Dr. Jacob Roemer, Paterson, is one of the authors of an able paper in the April Inter-

state Medical Jour., St. Louis, on "X-ray Diagnosis of Pulmonary Tuberculosis."

Dr. Edward B. Rogers, Collingswood, Captain M. R. C., has an article on "Camp Sanitation" in the May issue of the Camden County Society Med. Jour.

Dr. Grenelle B. Tompkins, Flemington, has recently recovered from illness.

Dr. Isadore Topkins, Califon, who was operated on at Dr. Mill's private hospital, Morristown, by a New York surgeon, is recovering.

Dr. Elmer G. Wherry, Newark, who was operated on for appendicitis in the German Hospital last month, has recovered.

Dr. Wells P. Eagleton, Newark, Major M. R. C., and wife spent last month in their bungalow in the White Mountains, and subsequently a few days at Atlantic City, where he read a paper before the Amer. Otological Society.

Dr. Augustus J. Mitchell, Newark, and wife are occupying their summer house at Long Branch.

Dr. Ralph D. Denig, Hackensack, has received his commission as Captain 6th Battalion N. J. State Militia.

Dr. Alfred M. Elwell, Camden, and wife have been at Atlantic City for a two weeks' stay. He is recovering from a severe illness.

Dr. George B. Emory, Newark, last month enjoyed a leave of absence from the Yaphank, L. I., camp and with his wife spent a week at Patchogue, L. I.

Dr. F. Irwin Krans, Chatham, addressed a meeting in Summit held recently to recruit nurses for the army.

Dr. J. W. Martindale, Camden, and wife returned from a few weeks' visit to the Middle West and Canada.

Dr. Percy D. Stanley, Arlington, has been appointed medical examiner for Kearny-Arlington district of the sea training bureau of the U. S. Shipping Board recruiting service.

Dr. Francis W. Tweddle, Summit, and family have moved to Great Neck, Long Island.

Dr. Abraham J. Gordon, Lieut. M. R. C., formerly of the Newark, N. J., City Hospital, who went to France several months ago and was reported missing during the early part of April, has been located in a German prison camp.

Dr. Halsey S. Bramble, formerly of Daretown, recently removed to Elmer.

Dr. George E. Gallaway, Rahway, has been commissioned Lieutenant in the M. R. C.

Dr. E. Blair Sutphen, Morristown, and wife have been enjoying a two weeks' vacation recently.

Dr. Thomas S. Dedrick, Washington, presided at the Warren County Convention of Medical School Inspector last month. Among the many speakers were Drs. F. J. La Riew, F. W. Curtis, L. C. Osmun, F. B. Gordon, W. H. Albright, T. P. Lefferts, F. J. Drake, R. N. Woodruff, C. H. Boyer, H. B. Bossard and G. C. Tunison.

Dr. Elton S. Corson, Lieut. M. R. C., delivered an eloquent address at the patriotic service held in the First Baptist Church, Bridge-ton, May 26th. He read the following poem which he composed, honoring another Bridge-ton physician, Capt. Millard F. Sewall, M. R. C.:

That rugged frame, bellying soul within,
That genial smile, uplifting souls without,
That bon vivant that makes his world akin,
Behold the man! Amazed the people shout.

Four square he stands to all the blasts that blow

Alike the lighthouse on his rock-ribbed coast. The joys that home, that friends, that ease bestow,

He cast them far aside, nor aught did boast Of sacrifice thus made, nor lucre lost.

His soul atune to country's stressing needs Sought naught for selfish ends, nor reck'd the cost.

But gave untramell'd all for what the end concedes.

The ancient sword that by its halter hung, Athwart his mansion's massive ill.

To him of other days and deeds had sung, Of Concord, Lexington and Bunker Hill.

But now the sword still rests unsheathed.

He goes enarmoured, not to kill but save.

'Tis deeds of Christly mercy now bequeathed.

From sire ot son, a crimson cross to wave.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Connecticut, March . . .	17	10	7
Dist. Col., April	10	10	0
Hawaii, January	6	3	3
Iowa, February	2	2	0
Oregon, January	24	15	9
Pennsylvania, Jan. . . .	50	42	8
Vermont, February . . .	6	6	0

The next meeting of the New Jersey Board of Medical Examiners will be held in Trenton, June 18, 1918.

Public Health Items.

The officials of the Gloucester City Board of Health recently gave a planked shad dinner to the members and former members, at Westville.

Epidemics and the Doctor.—It might take a long time for doctors to rid a city of an epidemic, but it would not take a city long to rid itself of a doctor found promoting an epidemic. —Public Health.

Retain the Efficient Health Officer.—A tactful, energetic health officer can control the death rate in his locality provided he is given a few years to do it; but to expect great results in the time he ordinarily holds office is beyond power. —Public Health (Mich.)

Smallpox Costs Morristown \$3,000.

Bills ordered paid by the Morristown Board of Health last month show that the coming here of a negro with a mild case of smallpox cost the town about \$3,000. Two other negroes got the disease, and it became necessary to build a special isolation hospital and engage two nurses, a man and a woman. The bill of the doctor was for \$653, and board for the patients and nurses cost \$466.

Control of Smallpox Epidemic by Vaccination.

Dr. A. G. Gould reports in the Boston Med. and Surg. Jour., March 21, an epidemic that broke out in a factory having 15,000 employees About 5,000 were found to be not vaccinated. These were vaccinated in November. The number of cases of smallpox that had ap-

peared were: in September, 2; in October, 10; in November, 32. After the vaccination 3 cases of varioloid developed in December, and no smallpox since. Gould's experience leads him to conclude that: Smallpox occurs, almost without exception, only in those not protected by vaccination; vaccination protects longer than the assigned seven years.

The Greater War.—In the various nations engaged in this war, times of peace, over 6,500,000 die annually from preventable diseases. There have been fewer than 7,000,000 killed in action on all sides since the outbreak of the war. Obviously, then, all the battles in the interest of humanity and the interests of nations are not fought in the firing line. The perennial warfare wage against the invisible foe is as important—if not more so—than that now waged against those who threatening the destruction of the very principles of civilization.—Chas. J. Hastings, M.D., in The Toronto Bulletin.

War and Laughter.—"Laugh and help win the war," said one optimist. When laughter is not silliness, when it is genuine merriment, over-riding difficulties and dangers, when it manifests courage and a mental attitude of confidence that would simply find relaxation, then is the injunction worthy of every man's attention. The value of a wholesome laugh in terms of health is undoubted.—The Social Hygiene Bulletin.

The Illegitimate Baby's Rights.

The right of illegitimate children and the State's responsibility for seeing that every child, no matter what his parentage, has the nurture, protection, and education essential to his usefulness as a citizen are for the first time given complete national recognition in the Norwegian laws concerning illegitimate children, according to a report issued on May 23 by the Children's Bureau of the U. S. Department of Labor.

These laws make the State instead of the mother responsible for establishing paternity. The State holds both parents equally and continuously responsible for the illegitimate child—"The child shall be entitled to bringing up—maintenance, training, and education—from both its father and its mother." The report contains a translation of the several Norwegian laws, with amendments, on illegitimate children and their care. A history of the efforts through which the legislation was secured is given in the introduction.

The attitude which looks upon illegitimacy as a child-welfare problem that must be solved for the sake of the child and of the State is exemplified by this Norwegian legislation. In connection with its studies of the bearing of the war upon child welfare, the Children's Bureau examined the evidence obtainable but could not find that it justified the statements that have been circulated of wide-spread increases in illegitimacy since the war. The Bureau believes, however, that the needs of the illegitimate child must be considered in the Children's Year campaign "to save 100,000 children's lives during the second year of the war and to get a square deal for children." In the Children's Year Working Program atten-

tion is called to the necessity of providing opportunity for normal development to the child of unmarried parents.

Automobile Accidents.—Vital statisticians are observing that while the communicable diseases have responded more and more each year to the measure instituted by health authorities for their control, injuries and fatalities resulting from the growing use of automobiles are steadily climbing. Where formerly diseases like typhoid fever, scarlet fever and others played an important role in mortality tabulations, fatalities due to the automobile are to-day as numerous as some of the series infections.—L. Frankel, in *Medical Insurance and Health Conservation*.

Medico-Legal Items.

Transactions between Physicians and Patients.—It is undoubtedly the rule that any transaction between a physician and patient inuring to the advantage of the former will be closely scrutinized, and stricter control over it will be exercised than in cases where no such confidential relation exists between the parties. The precept, however, does not go so far as to constitute a medical man a guardian for his patient, and it is not enough to say that he merely had knowledge of the action of a third party against whom the patient seeks relief without showing also that the physician participated in such action.—*Ulbrand vs. Bennett*, Oregon Supreme Court, 163 Pa. 445.

Evidence as to Physician's Earning Capacity.—In an action for personal injuries to a physician and surgeon while a passenger on a car which stopped so suddenly that he was thrown down, it appeared that he was in hospital for some time and disabled from practicing for over two months, and, as he testified, was permanently injured. On appeal from a verdict and judgment for \$40,000 it was held that although he testified that he could not give a definite idea of his cash receipts for a month or any period of time, but thought, without having examined his account books for previous amounts, that his income for the two months would have been \$2,000 a month, that the question of his earning capacity was for the jury, and the judgment was affirmed.—*Graul vs. United Rys. Co. (Mo)*, 193 S. W. 38.

Medical Evidence as to Damages.—In an action for personal injuries where there was evidence that prior to the accident the plaintiff had enjoyed good health, that immediately thereafter she was removed to a hospital in an unconscious condition and was confined to bed six or eight weeks and was absent from her employment for some months, and frequently since the time of the accident was subject to convulsions, it was held that the testimony of physicians, who made their examination more than two years after the accident, as to her condition is not to be stricken out on the ground that the connection between the accident and the plaintiff's present condition was not shown.—*Albert vs. Philadelphia Rapid Transit Co.*, Pennsylvania Supreme Court, 97 Atl. 680.

Statute Requiring Certificate to Practise Held Constitutional.—The Iowa statute provid-

ing that it shall be a misdemeanor for any person to practise medicine, surgery, or obstetrics in the State without having first obtained and filed for record a certificate from the State board of medical examiners, is held not to be repugnant to the Bill of Rights, the Constitution of the United States, or the State Constitution.—*State v. McAninch*, Iowa Supreme Court, 154 N. W. 399.

Ptomaine Poisoning Held an Accident.—The Indiana Supreme Court holds that death from ptomaine poisoning caused by eating mushrooms supposed to be edible is from "accidental means" and not from disease within the meaning of an accident policy expressly exempting the insurer from liability for injury "resulting from or contributed to, directly or indirectly, wholly or partially, by disease."—*United States Casualty Co. v. Griffiths (Ind.)* 114 N. E. 83.

Books Received.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

Blood Transfusion: Hemorrhage and the Anaemias by Bertram M. Bernheim, A.B., M.D., F.A.C.G., Instructor in Clinical Surgery, The Johns Hopkins University, Captain Medical Officers' Reserve Corps, U. S. A., Author of "Surgery of the Vascular System," etc. Philadelphia and London, J. B. Lippincott Company. Price, \$4.00

Dr. Bernheim divides the subject of blood transfusion into four periods as follows: early abortive sporadic attempts dating from 1492; the period of direct transfusion based on the work of Carrel and Crile; a period of indirect transfusion, the so-called needle and syringe system; and the period of anti-coagulation or indirect transfusion with the aid of anti-coagulants. The author says, "The procedure of blood transfusion has evolved in successive stages from an undertaking of the most difficult and dangerous character, resorted to on the rarest occasions, to a procedure of such simple and harmless character that it is utilized throughout the civilized world many many times each day."

The twelve chapters following the introduction discuss the phenomenon of bleeding, the diagnosis and control of hemorrhage, indications for transfusion, its dangers, and the selection of a donor. Under methods of transfusion it is of especial interest to note that, "So far as determined there seems to be little difference between the therapeutic action of whole blood and citrated blood." On account of the simplicity with which the procedure of transfusion of citrated blood may be carried out, its lack of danger to both donor and recipient, the author recommends this as the method of choice.

The indications for transfusion in hemorrhage, the anemias, leukaemias, etc., are discussed in detail.

This summary shows that the work is complete. The style is simple, entertaining and free from unnecessary verbiage, and the book is to be recommended.

Frederick C. Horsford.

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ADDRESS OF THE PRESIDENT OF THE MEDICAL SOCIETY OF NEW JERSEY.

Prepared for the 152nd Annual Meeting of the
Society, held at Spring Lake, N. J.,
June 26, 27, 1918.

BY WILLIAM GRAY SCHAUFFLER, M. D.,
Lakewood, N. J.

Lieut.-Colonel Medical Corps, N. G. A.

Members of the Society and Guests:

When a year ago you did me the greatest honor that can come to any member of this old and honorable society of electing me to its presidency. I little dreamed that when the time came for me to show you my appreciation, by presiding at this meeting, I should be separated from you by more than a thousand miles. But the call came and, since August 24th, I have been acting as Sanitary Inspector of the 39th Infantry Division at Camp Beauregard, Louisiana. During all these months, in which I had planned to cement old friendships and form new ones by visiting each component society, the work has been carried on most efficiently and graciously by your present presiding officer, Dr. Harvey, to whom I owe a deep debt of gratitude for his cheerful acceptance of the burdens imposed on him by my absence from the State. I trust you will show your appreciation of the double duty he has performed by honoring him this year as you did me last June.

There will be many vacant places in the ranks of those whose faces are familiar to us at our annual meetings—but each vacancy means one more medical officer doing his duty to his state and his country. We of New Jersey can well be proud of the record of our men—medical and lay—who are giving all they have for the good of mankind. This is, for us, no selfish war—only motives of the highest and most altruistic

patriotism are strong enough to make men of all ages and classes give up home and business and pleasure and profit for the sake of an *idea*. But that is what our men of New Jersey have done and are doing every day. All honor to them, and to those none the less brave and devoted women and men who are carrying the home burdens so cheerfully and efficiently.

It is a far cry from the busy office of a Division Surgeon in the field to the annual meeting of our beloved State Society, and I am at a loss to know just what line to follow in the customary presidential address. As I think back over the past few years I recall with pleasure the able scientific, historic and economic addresses of Philip Marvel, William J. Chandler and the late Frank D. Gray. I can not hope to emulate them in any of these lines, for mind and heart are too much engrossed with the practical problems of this world's war. So I am going to invite your attention for a few moments this evening to the situation in which the medical profession of our country finds itself, and to some of the questions involved.

The doctors of the United States naturally fall into two groups: those who are serving with the colors and those who are ministering to the needs of the civil population. The work of both is equally honorable and important, but at this crisis every able-bodied man with a medical education must ask himself the searching question: Am I doing my whole duty unless I have offered my services to my country? The needs of the service are so overwhelming that none but the most valid reasons should be considered good enough to excuse any man from at least trying for a commission. Any physician under thirty-five, physically fit, who at this time permits any consideration whatever to stand in the way of his service to humanity is, in my estimation, a slacker.

You may think my language extreme, but I am on the ground and I know the need. I have heard many excuses,—“my family needs me”; “I have financial obligations which I cannot meet if I give up my professional income”; “the community in which I practice cannot dispense with my services.” These all may seem valid, but are they? Run over in your minds the men you know who are to-day sacrificing money and position and home-life for the cause. Are you any dearer to your families, or any more essential to your communities, than they? I doubt it.

But thirty-five is not the limit of usefulness for a medical officer,—forty, forty-five, even fifty years of life and experience only fit a man all the more to take up his share of the world's burden. My friends, I wish I could make you realize the need as we who are in the field see it. It is urgent. It is growing daily—it is appalling.

The Council of National Defense, backed by the Surgeon-General's office, continues to make strong appeals for more medical officers. But not until the conscience of every physician in this country is touched—and he has asked himself the all-important question, “Am I fit for this service,” and has answered it in the words of Scripture, “Here am I—send me,”—will this burning question be rightly answered, or the pressing need be satisfied.

The medical service needs all sorts of men, and it is just for this reason that there is room for all. The younger men are usually best fitted for training for the combatant units. They must have youth and physical vigor and adaptability and even reckless enthusiasm. They must not be too old or too set in their habits of life and thought to learn instant and prompt obedience to orders. They must learn to subordinate their wills to higher authority cheerfully and without question. The men of more mature years and wider experience are better fitted for the important service of base hospitals, evacuation hospitals and reconstruction hospitals. But they, too, have to learn the lesson of prompt and unquestioning obedience to higher authority, and the willing subordination of the mind and body to the needs of the service and the experience of those who command them.

And now let us turn for a few moments to some of the lessons that the war is teaching us.

In the first place, we have learned by bitter experience that the young men of our

land are falling far short of the standards of physical perfection heretofore attributed to them. Those of you who are serving on Examining Boards for the Draft and Exemption Boards will bear me out in the statement that the percentage of those physically totally unfit for military service is appalling. Flat foot, bad teeth, poor eyesight, chronic heart affections, chronic arthritis, tuberculosis and a host of other conditions have already tremendously reduced the number of men of draft age available, and will continue to do so. The rejections for mental deficiencies are startlingly large. We have been accustomed to think of the youth of this country as hardy, but the experience of the past year has been quite to the contrary. The lesson to be learned from these facts is for greater attention in the future to Preventive Medicine, and especially to family and school hygiene.

This is no new theme in New Jersey, and we may well be proud of our record in the past. But the future must find us more earnest in our endeavor to develop in all our children and youth sound minds and sound bodies.

A second lesson we are learning is the extraordinary value of prophylaxis in certain communicable diseases. Smallpox, typhoid and paratyphoid are practically diseases of the past in our army and navy, and I see no reason why in civil life it should not be the same. There should be no question as to the right of Federal and State authorities to make and enforce laws compelling proper inoculation of all individuals against these diseases. Who can measure the results, even from an economical standpoint?

The work that has been done in our camps and cantonments in the way of mosquito eradication only confirms the results already known in communities where far-sighted legislation and an enlightened public opinion has lessened so materially the scourge of malaria.

The venereal evil always has been and always will be one of the most difficult problems to handle. But here, too, constant instruction and enforced prophylaxis are working wonders, and statistics show that the longer groups of men are in the service the fewer cases of venereal disease develop among them.

In this connection we must not forget the wonderful work that is being done by the various associations having the welfare of the soldiers at heart. The Young Men's

Christian Association and the Knights of Columbus are ministering wisely and unselfishly to hundreds of thousands of our boys at home and abroad, and the Hostess Houses in our camps, under the auspices of the Young Women's Christian Association are doing a wonderful work. From intimate acquaintance with the persons and work of many Y. M. C. A. field secretaries I can bear cheerful testimony to their faithful, intelligent and unselfish labors and to the good they are doing to our boys. In the field we are forgetting the artificial distinctions of sects and creeds and we are learning over again the lesson of "One God and Father of us all."

In this brief resume' I have not touched on the wonderful advance in medicine and, especially, in surgery. That is an open book to be read of all. I have only attempted to bring to your notice a few practical lessons that this war is teaching us. Whether or not we learn the lessons depends on us individually as well as a nation.

Whatever may be the loss in men and material that this world's war brings, if we emerge from it a nation cleaner in health and morals, with our men physically fit and filled with higher ideals of discipline and true patriotism, and our women purified by suffering and self-sacrifice, the sacrifice shall not have been in vain.

ACTING-PRESIDENT'S ADDRESS.

Delivered at the 152nd Annual Meeting of the Medical Society of New Jersey at Spring Lake, June 26, 1918.

BY THOMAS W. HARVEY, M. D.,
Orange, N. J.

First Vice-President of the Society.

The officers of the Society have been hoping all along that Col. Schauffler would come in at the eleventh hour and take charge of the meeting. The exigencies of the service have prevented his coming. We have been expecting to receive his Annual Address to be read at this meeting but the address has not arrived. We will undoubtedly be able to read it in some future number of the Journal. In justice to Col. Schauffler we will have to charge the delay to Washington, as all public addresses by men in the service have to be vised by the Surgeon General's office. I am sure you all join me in regret for such a misfortune.

It is not my purpose to offer a formal President's Address, but I will ask your attention to a few thoughts suggested by the present situation.

It is particularly unfortunate that our President should not be with us at this place of meeting. We have always enjoyed our gatherings at Spring Lake, but we have all known that much of our pleasure and comfort was due to the efforts of Colonel Schauffler, who has always been present; we were certain that with him as Chairman of the Committee of Arrangements, the meeting of the Society would be particularly well cared for.

President Schauffler has always been an active man of affairs, in the State Sanitary Association, in the work of the State Board of Education, in the activities of the Board of his Church, in the National Guard, he was always found in the forefront of the workers doing the work immediately before him in the quiet thorough way that was his characteristic. We have always known that it was a good policy to follow where he should lead, and that he could always be found on the side of sanity in any progressive work.

Now he is serving his country in this great war, and we find him working in the field of camp sanitation, than which there is nothing more important. He has the good fortune to be serving his country in active service when so many of us have to stay fretting at the reins.

Our Society dating back as it does well into colonial times has passed through all the wars of the Republic. The records of the Society show that before the revolution broke out there were 25 members of the Society. New Jersey was the battle ground of the revolution and over its fertile fields and through its flourishing towns the Loyalists and the Royalists fought each other in many battles.

Naturally all activities, save those of war, were at a standstill and this Society held no meetings and made no reports for six years, but in 1782 five members held a meeting and adopted a resolution, offering an apology for the suspension of its meetings and making an explanation, which appears upon our minutes.

During the Civil War, the meetings of the Society went on as usual, but large numbers of its members enlisted in the service, and many never returned.

When this terrible debacle, this anti-climax of civilization engulfed our own fair land, our medical men in large numbers immediately responded to the call to arms, sacrificing, as ever, more than any other class of men in their efforts to relieve suffering and prolong life. Even before April

of last year the wounded and sick soldiers of our present allies were being attended by great numbers of the princes of our medical men. Hospitals were manned and ambulances were furnished completely with men and material. The men of our State have responded well to the call and many more will go. There are some 3,200 doctors in New Jersey, 525 are already commissioned, and in this second call our quota is one hundred.

There can be little doubt that the required number will come forward and many more. Over 17 per cent. of the New Jersey doctors have accepted commissions and more are going every day. The average for the country at large is 13.7 per cent.

Already one member of our profession has made the great sacrifice. It is fitting that his name shall be mentioned here—Dr. James B. Griswold, of Morristown. To us who remain is left the duty to carry on the same purpose for which he devoted his life.

To the older men has come the call to serve in many ways. To those of us who have served on the Exemption Boards and the Medical Advisory Councils has been given the opportunity to do our bit in ways useful to our beloved country, and certainly more interesting work would be hard to find. It is very gratifying to be told by our fellow-member, Captain Costill, that of the men sent up to the cantonments by their various boards not more than three per cent. have been rejected in the final examination at the camps.

It may interest you to know that over five hundred of our doctors have been serving on the various boards of this State.

Now, other opportunities are about to be offered to those of us who cannot be soldiers, and I doubt if there are any who will not embrace eagerly and at any sacrifice any appointments for work that may come to us. It seems unnecessary to call upon you to so respond. Let all those who can, enter the service. Let all the rest of us place ourselves at the disposal of the Government for any work for which we have the capacity.

The most distressing feature of this world war is the manner in which all the triumphs of science have been turned into weapons of destruction to their own inventors. America, the inventor of the aeroplane and the submarine is having the products of its own highly developed civilization turned against its own people. When one reads the stories that prehistoric man has written in the broad volumes of geological time we

often find that at a certain period there has flourished a race of humans with certain well-marked characteristics; possibly they are peaceful agriculturists. A great cataclysm occurs; we open and study the volume, the strata immediately superimposed, and we find that all traces of this peaceful race devoted to husbandry have disappeared, and a warlike, hunting people dominated the earth for a time, and then they disappeared and left no trace of their presence upon the succeeding strata save their bones and implements. Will the sages of the future, reading the history of pillaged Europe in the rocks, find the evidence of a destroyed white man's civilization, destroyed by its own science; the creation of its own intellect, poisoned by its own emanations like colonies of *Saccharomyces* choked by the alcohol and carbonic acid that they have elaborated?

It is America's duty to prevent this self-destruction, and to turn a science that is running amuck, back into the quiet paths of peace, and she will do it. The work of the world to-day is war and it is a war that will end only when we have firmly established the principle that the will of no one man; nor of any group of men, can exploit the bodies and minds of other men for their selfish ambitions. Medicine has always held out this ideal to its followers. All our efforts, all our lives, are devoted to the conservation of life and the relief of suffering. Any ideal that can add to suffering is abhorrent.

To-day the issue is fairly engaged. America is on that side of this war that aims to realize such ideals. We as scientific men have accomplished much. In sanitation we have overcome many agencies destructive to human life. Many medical men, like Walter Reed, have sacrificed their lives for such ideals.

From now on there can be but one side. Science must be turned back from destruction to conservation. We as a people are united to-day as never before for this purpose and as medical men we would be false to our training and to the ideals of our art if we do not in every way and at any cost devote our knowledge, our talents and our lives to further every effort that our country is making. To-day there is no middle ground—it is either America or destruction.

Courvoisier's law usually holds—palpable enlargement of the gall bladder with distinct jaundice is significant of carcinoma; the jaundice of common duct obstruction by a stone is not associated with enlargement of the gall bladder.

ORATION IN MEDICINE.

Delivered at the 152nd Annual Meeting of the
Medical Society of New Jersey at
Spring Lake, June 26, 1918.

WAR STRAIN AND SHELL SHOCK.

BY PROF. M. ALLEN STARR, M. D.,
New York City.

Prof. Neurology, Columbia University Medical
Department, New York.

The prevalence of peculiar nervous symptoms in men serving in the armies of Europe has excited much interest since the very beginning of the war; and in the past three years an enormous literature has accumulated upon this subject both in the form of books and in the form of articles in the medical journals.* Injuries to the brain and spinal cord from direct wounds, and injuries to the nerve trunks have not brought out special points of interest, though they have in many ways confirmed the doctrines of localization of function. It is in regard to the functional nervous affections that the chief interest has been excited since these have occurred with surprising frequency and have manifested most unusual characteristics. For these functional nervous conditions the terms "shell shock," "war shock" and "war neuroses" have been coined and have proved very convenient, as they do not commit one to any particular pathology or diagnosis. In discussing the subject we shall first consider the etiology and the light it throws upon the pathology of the condition and then take up the symptoms. It must, however, be particularly noticed that before concluding that the symptoms are purely functional in origin, a careful differentiation from symptoms due to injuries of the brain and cord must be made. Hence such points of differentiation will be mentioned in connection with the symptomatology.

The Etiology and Pathology.—It is admitted by all investigators that the chief etiological factor in shell shock is the long continued emotional strain. But this produces many pathological effects and hence we cannot dismiss these symptoms with the label of mere hysteria.

Any one who has read even a portion of the literature available describing the condition of the soldier in preparation for trench warfare and the conditions of that warfare, or who has talked with those who have been through this terrible ordeal, cannot fail to

realize that the mental strain to which the soldier is subjected is wholly different from that which has obtained under other circumstances. Back of the lines, before he goes into actual trench service, the man hears tales of the strain which others have undergone, of the shocks that they have suffered and sees the wounded and the nervous and mental wrecks coming back from the front. When he gets into the trench he is subjected for a period varying from three to seven days to a continuous nerve strain, living in a ceaseless noise, in constant danger, with little or no sleep, in a state of excitement or apprehension, uncertain where the next shell will explode or where the next volume of gas will come from. He is poorly fed; he cannot sleep; vermin, cold and mud increase discomfort. Keyed up to a tense pitch of excitement and eager to give vent to his explosive energy by active fighting or by a charge, he is held back in the trenches for days without any possibility of working off this reserve energy by action. The sights of distress and misery about him keep up this state of anxiety and incite him to anger and indignation which active fighting might relieve, but which a waiting policy only represses and when the relief comes by being withdrawn again to the rear lines for a period of rest, it is only with an anticipation of the return to this period of misery and strain. Thus the mental attitude of the soldier in the present warfare is one of continuous anxiety and fear and anger of a degree whose intensity and duration is not paralleled in civil life.

The mental reaction of different individuals under stress differs considerably, and what will be borne with stoicism, indifference or with careless bravado by one, will be felt in an acute degree as an overpowering misery and anguish by another.

The degree of emotional strain will also depend somewhat upon the varying responsibility in the different individuals. The common soldier who only obeys orders is in a very different mental attitude from the officer who gives the orders and is responsible for their execution. The latter carries a double burden, for he feels for the welfare of his men and he feels the responsibility pressing upon him to carry out his orders. He may himself be overwhelmed at times by this sense of responsibility and by an unexpected wave of fear but he must conceal his feelings before his men and inspire them by a display of courage which he may not feel. It has been established

*For the convenience of readers a list of books and articles is appended.

that five times as many officers are affected by war neuroses as men.

Thus we see that both private and officer are subject to mental strain to which they are wholly unaccustomed and of which they see no relief in sight so long as the war endures.

Is it to be wondered at that under such conditions men who are at all predisposed to nervous affections by bad heredity or by bad habits easily succumb, and that even the strong may be unable to withstand the strain?

According to the recent investigations in psychology a state of mental conflict is recognized as a potent element in producing and in keeping up intense nervous irritation and this irritation seeks relief in some active manifestation of mind or body. The explosion of a fit of rage, or a fit of tears, or a fit of laughter, the motor relief of walking, running or movements almost convulsive in nature, afford relief to this tension. But when no such relief is possible the secondary effect of repressed emotion is intensified and may be manifested by the development of effects subconscious and involuntary.

This leads us to consider the effect of emotion upon bodily activities. Much admirable investigation has recently been directed to this subject, notably by Cannon¹ of Harvard, Crile² of Cleveland and by Heckel³ of Paris, while incidentally many facts contained in the numerous literature concerning war neuroses have a bearing on this subject.

The effect of emotions upon the body have been studied in the laboratory by careful experiments upon animals. The effect of anger and fear appear to be about the same. These effects may be described as follows: Increased action of the heart, felt as palpitation; more rapid respirations; a slight rise in temperature; pallor which may be followed by flushing; a cold sweat, staring eyes, erect hair in animals (whose physical equivalent in man is the feeling of goose flesh and cold sensations up the spine); marked muscular tremor; dryness of the mouth; an immediate arrest of gastric secretion and of digestion; a sudden increase followed by an arrest of the peristaltic movement of the bowels; an arrest of

all mental activity excepting attention to the object causing fear or rage and hence indifference to other subjects.

More careful research by Cannon has shown that these effects are accompanied by a marked increase in the adrenal secretion resulting in a stimulation of the glycogen production in the liver and an increase of the sugar in the blood which may even appear in the urine, and a consequent stimulation to muscular contraction leading to a desire for muscular activity and indifference to fatigue, an increased arterial pressure and an increased power of coagulation of the blood.

Crile has called attention to the fact that these chemical effects upon the adrenals and muscular system act as a protective agency to the animal, as they enable it to act with redoubled energy either in the act of fighting for its life, or in the case of other animals in the increased efforts to escape by running, for in the stimulus of rage or fear reserves of energy are called into play which are unexpected and would be impossible without the stimulus of the emotion.

Crile has also shown that active changes are brought about in the brain cells by this state of emotion and by the accompanying muscular activity. The chromatin substance in the brain cell is rapidly used up so that it no longer is made visible under the microscope and then the cell body itself rapidly degenerates and disintegrates, causing a permanent loss of brain structure. If this strain goes on in animals beyond 100 hours the destruction of brain cells is permanent, but if the strain ceases under that time a period of sleep results in restoration of the cell to its normal condition. Crile has also shown that a similar degeneration of brain cells will occur in an animal who is deprived of sleep and in a rabbit the brain cells cannot recover after 100 hours of continued wakefulness. This chemical effect upon the nerve cells and upon the muscles is not to be forgotten and it is also to be remembered that when the muscles are stimulated to activity there is an increased supply of sugar and when no muscular activity is exerted there must be an accumulation of this chemical element within the muscle leading to an autointoxication which active exertion only would relieve.

Experimentally the most rapid return to a state of health in the animal after emotional strain is secured by a period of sleep of long duration during which all these chemical and physical effects slowly subside.

1. Cannon: "Bodily Changes in Pain, Anger, Fear and Rage," 1917.

2. Crile: "The Origin and Nature of Emotions," 1917.

3. Heckel, F.: *de l'Emotion*, Paris, 1917.

In addition to the effect upon the adrenals Crile has pointed to the effect upon the thyroid secretion and he likens the condition present in part to that in exophthalmic goitre, the staring eyes, the tense expression of anxiety, the marked pallor, the profuse sweat and diarrhoea and general tremor of the condition produced in his animals under a state of alarm and resembling the symptoms present in this tissue. He also calls attention to the fact that a majority of cases of exophthalmic goitre have their origin in states of anxiety, fear or grief.

The mental state which we have described as characteristic of the soldier in the trenches is far greater in its intensity of emotional content than that which can be produced in the laboratory in animals. It is greater in its duration and it is far greater in degree, inasmuch as we are dealing here with a mental evolution and degree of intelligence far beyond that of the lower animals. There are many proofs that each of the pathological effects described by the physiologists as occurring in animals are present in cases of war neuroses and therefore in the study of the symptoms it is manifest that no mere dismissal of them lightly with the designation of hysteria in any way meets the case. In the study of these symptoms we must recognize not merely the mental attitude, not merely the emotional element, but also the physical effects which this attitude and emotion inevitably produce, unconsciously to the sufferer, but none the less manifest to the physician, and we cannot expect relief from these symptoms until there is a spontaneous subsidence of the physical and chemical conditions which this emotion has produced.

There are further evidences that in shell shock there are actual pathological conditions not at all psychical. Mott has recorded a number of cases in which minute capillary hemorrhages have been found in the brain—scattered through both gray and white matter and hence capable of arresting the action not only of the brain cells which receive, store up and send out impulses, but also of the connecting fibres which associates these impulses and subserve memory, reasoning power and self-control. Such hemorrhages proved fatal in Mott's cases. But in lighter cases where they are less extensive or widespread, we may easily admit of the possibility of their absorption with consequent recovery of the powers of the mind which were at first impaired. Recovery therefore does not militate against this pathology.

Another pathological condition must also be considered, viz: multiple thrombi through the brain from gas bubbles. It is known that when—as in caisson disease—an artificial atmospheric pressure is suddenly removed from the body, such bubbles form in the blood—just as bubbles appear in champagne when the bottle is uncorked. Now it has been shown by observation with aneroid barometers that when a large shell explodes it produces a pressure of air of ten tons to the square yard on all bodies within 50 feet. This sudden pressure is followed by a corresponding relief of the pressure, hence the secondary effect of the explosion is comparable to the sudden coming out from a caisson. Thus multiple gas emboli may occur in men in the trenches and throw the soldier into a state like that seen in caisson disease. The symptoms both physical and mental in that affection in no way differ from those in shell shock. Hence we may conclude that some at least of the shell shock cases are traceable to this pathological state. Here again recovery is not impossible.

There is still another physical condition which has to be mentioned. When a large TNT shell explodes carbonmonoxide is given off in great masses, the fumes being capable of overcoming the bystanders. The symptoms caused are like those seen in poisoning by illuminating gas—coma, and subsequent sensory and motor paralysis. These symptoms occur in the soldiers in the trenches and may be the beginning of a set of phenomena identical with shell shock. Lastly the effects of simple concussion must be considered. The sudden numbing effect of an explosion, of the impact of air, or of terrific noise on the processes of mind is not to be overlooked. We may liken it to the effect of electricity in the air upon our telephone or telegraph system, suspending activity without causing permanent damage. The brain—like a telephone system—may have its connections thrown out, its association processes suspended; in fact Janet regards all hysteria as dependant upon dissociation in mental processes—and hence even those who regard shell shock as a traumatic hysteria must admit a physical basis in the dislocation of brain function.

We see then that there are very numerous factors in the production of the symptoms of shell shock both mental and physical. The underlying conditions therefore are not always the same. There may be actual damage; there may be exhaustion and disintegration; there may be merely a temporary suspension of brain activity. The final result

will vary in accordance with these various conditions and these conditions will therefore determine the different lines of treatment.

Fortunately in a large majority of the cases recovery from shell shock is to be looked for.

The Symptomatology.—The symptoms which appear under the conditions of war strain are so numerous and differ so greatly in different cases that it seems necessary to classify them.

We distinguish between the physical and mental symptoms.

First. The physical symptoms may be divided into motor, sensory, reflex and sympathetic symptoms.

(a) The motor symptoms are in many cases most striking from the beginning. Tremor is common and very constant and may be so intense as to interfere very much with voluntary actions, such as writing and feeding one's self. It may extend to the legs, rendering walking uncertain; and to the head, causing the teeth to chatter and the voice to be indistinct from tremor of the tongue. In addition to the tremor there may be active spasmodic contractions, such as a tic convulsif of the face, torticollis, shrugging of the shoulders, play-like movements of the arms, kicking movements of the legs, all of which materially interfere with all voluntary movements and resemble regular types of chorea or hysterical spasms. Convulsions appear to be rare but may occur. The tremors and spasms which may have subsided under rest and care may suddenly start up again at any unexpected noise, such as the bursting of an auto tire or the crushing of broken china. All these motor symptoms appear to cease during sleep and many of them can be arrested by hypnosis. Like the movements in chorea they fail to produce any sense of fatigue. Such spasms are never organic in origin.

Paralysis may also appear as a motor symptom either in the form of monoplegia, hemiplegia or paraplegia and may even be complete; though its characteristics are not those occurring in organic disease, as there is no muscular atrophy, no change in the reflexes and no loss of electrical response. Marked contractions of a bizarre type of the hands and feet are frequently seen. The gait is peculiar, the feet being dragged along as if weighted, staggering and falling are common.

(b) Among the sensory symptoms the special senses are very often affected. Blindness, deafness, hemianaesthesia and

mutism being not uncommon. Sudden restoration of sight and also of hearing under hypnosis has convinced all observers that the loss of sense is functional. The blindness is never attended by atrophy of the optic nerve or a change in the optic discs and the deafness is not attended by vertigo, which is usual in Meniere's disease. The anaesthesia observed in the body may be confined to touch, or may be attended by a loss of pain or temperature, sense, or a loss of the sense of position, and it is often accompanied by ataxia and a loss of the sense of vibration. Its distribution may be most irregular and never corresponds to the limited anaesthesia produced by lesions of the spinal cord at its different segments. It is often limited to the glove or stocking-shaped area of the extremities.

(c) The reflex symptoms consist of a hyperexcitability of the skin, to irritation resulting in an initial pallor followed by flushing, and urticarial-like swelling of the surface, but a loss of the skin reflexes has not been observed. The deep reflexes may be slightly exaggerated, but ankle clonus and a Babinski reflex are absent.

(d) The sympathetic or vegetative symptoms are marked in very many cases. A rapid and irregular action of the heart, irregular respirations, defective digestion, both gastric and intestinal, glycosuria and a polyuria, irritability of the bladder and rectum without loss of control, and symptoms pointing to an irregular and imperfect action of the ductless glands are very common. Both hyper- and hypothyroidism have been observed.

(e) Lastly a superior form of aphasia is quite common, in which the patient appears to be entirely unable to utter a word; though able to understand and also able to write his thoughts and wishes. It should not be forgotten that in organic motor aphasia writing is impossible.

Secondly; the mental symptoms.—It is interesting to note that a very large number of the cases of shell shock that returned from the front to the British hospitals were diagnosticated as cases of insanity, a fact which proves that the mental symptoms occurring are particularly prominent, but if these mental symptoms are analyzed and studied it becomes at once apparent that they do not correspond to the typical forms of insanity. Hence they require a certain amount of careful analysis.

(a) Disturbance of consciousness and personality are among the prominent symptoms. The individual is thrown into a dazed

mental state; not realizing where he is or what has happened to him, having a very imperfect recollection of the particular events which has produced the shock, though his memory up to a period a few days prior to the onset of the condition may be perfectly clear. In some cases the patient is found in a condition known as double consciousness, in which he has no recollection of his own previous history, is uncertain of his name, family or occupation, and while capable of talking and of acting apparently in a fairly normal way, has an entirely altered personality and a complete amnesia.

(b) Disturbances of memory are particularly frequent. The individual may not remember his regiment, the company to which he belongs, the manner in which he was injured, the events that have taken place in the battle, and therefore from this lack of memory of events both recent and past may be considered almost in a state of dementia.

(c) The emotional condition is also very prominent. Many of these patients are in a state of great depression and distress of mind. They cannot be roused to take any interest. They are content to sit and brood and cry, and show by their expression and manner, the deepest kind of depression and are even ready to commit suicide. They have no definite delusions of a melancholic character. It is a primary emotional state rather than a reasoning depression which afflicts them. Relapses into this condition from time to time are frequent during the process of recovery. The emotion is not always of a depressed kind. Other patients are subject to periods of great excitement in which they are wildly maniacal, try to attack those about them, and appear to be laboring under a delusion that they are still in the fighting line or in the trenches and act accordingly. Such states of excitement are very prone to occur in the night time, the patient apparently waking from a dream in a dazed condition and so agitated as to be unable to control himself for several hours afterwards.

(d) Impairment of the will power is another symptom which occurs. The power of self direction, the power of control of the flow of thought, the power of the control of the emotions and even the power of control of voluntary activity, the ability for keeping at one occupation or line of thought such as reading or studying, even at the physical activity of manual labor seems to be in many of these cases markedly limited

and in consequence no continued effort is possible. When manual labor is instituted as a therapeutic measure it is often necessary for a director to constantly urge the patient to do the work, for spontaneous activity in any direction may be wholly lacking.

(e) Morbid impulses and morbid ideas are very frequently manifested, leading to the most unusual and irrational acts.

Fits of terror are very common in both the mental and the physical cases. They come on suddenly, rendering the man incapable of motion or gesture or speech with an agonized expression of fear on the face, rapid respiration and irregular heart or a cold sweat; and then as suddenly abate leaving the man quiet but exhausted. This is not a manifestation of cowardice, for a coward preserves his instinct of self-preservation and tries to escape or to protect himself and does not recover his equanimity till he is safe. In shell shock terror there is a complete mental paralysis with no attempt at safety. A coward is always a coward, while these fits of terror occur in men who have shown great bravery and have even been decorated for heroism, and when they pass off the man is himself again. Severe headache, vertigo and insomnia and night terrors are general symptoms often present.

A very striking fact in studying these symptoms both physical and mental is their tendency to recur after apparent recovery. The man may appear to be perfectly well when the occurrence of an explosion or sudden noise, such as the result of a raid of Zeppelins or airplanes in England, will bring back all his symptoms with their original intensity. The explanation appears to be that the revival in memory of the original noise accompanying the shell shock brings back in its train all the effects produced in the shock. Recently at a review at City Hall, a Canadian, who had recovered and was well, was suddenly startled by the bursting of an auto tire and at once ran through the crowd fighting and shouting and in a state of alarm and could not be quieted for some hours afterward, being apparently then unaware of what had occurred.

The following case of Mott* gives a good illustration of the mental condition:

The patient's mind was a complete blank and this condition was reflected in a dazed mindless mask-like expression. When asked where he lived he said Weston, he did not

*The Effects of High Explosives on the Nervous System, F. W. Mott, *Lancet*, February and March, 1916.

know it was in the West Riding. He did not know the address of his home and when shown a letter from his father with the address on top he did not recognize it or his father's handwriting. He failed to recognize photographs of his family. His father had heard from a comrade that he had been buried by the explosion of a shell in a trench; he had been unconscious for some time and lost his speech. We heard from his father that he was a good musician and I said to him "G, I hear you are a good musician" and I asked him if he could play the piano and sing. There was the same wondering bewildered look and he muttered something which was to the effect that he could not sing or play. Three days later I said "Come, you can whistle 'God Save the King.'" He took no notice but on pressing him he looked up with a glint in his eyes and said "you start me." I whistled the first bar, he took it up and whistled it admirably. I then asked him to whistle "Tipperary," but he could not do it till I started him and the same with several other tunes, but once started he had no difficulty and I recognized he was an excellent musician. I could not on that day get him to start on his own initiative any one of the tunes he had whistled. The next visit, three days later, I observed that his expression had changed. He smiled when I spoke to him and I recognized clear evidence of a mind that had partly found itself. He could now whistle any of the tunes I had previously started him on by himself. I then said, "come along to the piano." He came and I got him to sit down in front of it. I said play. He looked at the instrument with a blank expression as if he had never seen one before. I then took his hand and holding his forefinger I said to him play "Tipperary." He looked at me and I noticed a glint in his eye and a change in the blank expression. He put his other hand on the keys and played a few chords and then played for half an hour without any music set before him. His association, memory and recollection of music was in advance of his other memories. Thus eight months later he had very imperfectly recovered his memory of elementary facts regarding his profession of land surveyor and there was still a tendency to a vacant mindless expression and prolonged reaction time, as shown by delay and slowness in answering questions. He eventually recovered.

Treatment.—In some, complete rest, relief from anxiety, the assurance that return to fighting is impossible, happy surround-

ings, diversion, productive occupation and good nutrition are the chief remedies. In others a process of encouragement to stimulate the will and to urge self-control is needed. The mind must be trained to control the muscles. The will must be forced to stop the spasm. The man must be taught to walk, or to do some easy work, to acquire a trade or take up some handicraft which will be remunerative, will keep his mind busy, his attention fixed and his emotions quiet. Re-education is the means of restoring to health many of the victims of shell shock. And to-day in England and in Canada hundreds of devoted patriotic women are laboring in the hospitals with these men teaching, encouraging, stimulating them to resume a normal activity. Preparation for this work is now being made in New York City by several agencies.

In a few cases, those in which the shock has caused only a temporary arrest of mental action, or those where the secondary subconscious effects already described have been manifest, hypnotism has been successful. Psychoanalysis appears to have failed to produce any relief. In all cases the mental suggestion of constant hope of recovery is very important. Hence the necessity of treating these patients in special hospitals—not surgical cases where they may not be understood, and may be ridiculed because of these odd symptoms, but in places where every means—electrical, hydro-therapeutic, educational—are applied with skill and sympathy. It is not wise to send them home to anxious relatives, where a recounting or exaggeration of symptoms only excites interest, and where there is little stimulus to recovery. Shell shock must be treated by those who are specially interested, and specially fitted by previous training to handle the mental and physical conditions which are so multiform and so perplexing. And in every case the concurrence of the patient must be secured, for the will to recover like the will to win is half the battle.

And after all the only sure cure is the coming of peace.

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THE DIFFERENTIAL DIAGNOSIS OF THE VARIOUS FORMS OF LARYNGEAL OBSTRUCTION.*

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In going over this subject, one is struck with the multiplicity of names and synonymous terms used in designating the various forms of obstruction of the larynx; especially is this true in those forms of obstruction whose etiological factors lie within the larynx.

I hope, in the following, to simplify this ambiguity, and, in so doing, will first deal with a common term used in relation to all these conditions—croup.

"Croup" as the word is generally used, covers a variety of diseases of the larynx, and, when you consider that this term is not a disease, but rather an appellation for a group of symptoms, which occur in many closely related, pathologically speaking, conditions; it would be well for us to clearly and definitely define this symptom—complex and give its etiological and pathological basis, that a clear understanding of laryngeal obstruction may be had.

The word "croup" means literally,—to cry aloud; but it is more broadly held to cover the suggestive symptoms of laryngeal obstruction, such as cough, which is variously described as tight, metallic, coarse, crowing, etc.; dyspnoea with its accompanying retraction of several types, as supra- and infra-clavicular, substernal and lateral costal; cyanosis, and tachycardia.

Pathologically, the above-named symptoms are due to a narrowing of the lumen of the larynx or trachea; this narrowing being due to one or more of many different factors; this narrowed lumen being the seat of inflammation; this inflammation causing cough, which assumes a tight, coarse metal-

lic, "croupy" character on account of the narrowed or tightened larynx; this narrowed lumen, by reason of transmitting less and less air to the lungs, producing dyspnoea; this dyspnoea, in the more severe types, calling into action the extraordinary muscles of respiration, which, not being able to suck air into the lungs, produce a sinking in of the chest wall—retraction, which is named according to its location as—supra-clavicular, infra-clavicular, substernal, and lateral costal; this lack of air (oxygen) in the lungs producing cyanosis; so, too, the dyspnoea causing increased exertion on the part of the heart, producing tachycardia. Croup is, therefore, a symptom—complex made up of four component parts—cough, dyspnoea, with its retraction, cyanosis, and tachycardia.

Laryngeal obstruction may be brought about in several different ways, and I have divided them into two groups: First, from causes within the larynx; second, from causes without the larynx.

Group I.—With its etiological factors within the larynx:

(A), Oedema; (B), foreign body; (C), new growths; (D), syphilitic and tubercular laryngitis; (E), spasmodic laryngitis; (F), paralysis of the abductors; (G), laryngismus stridulus; (H), membranous laryngitis; (I), pseudo-membranous laryngitis.

Group II.—With its etiological factors without the larynx:

(A), Enlarged thymus; (B), enlarged thyroid; (C), retro-pharyngeal and retro-oesophageal abscesses; (D), new growths and inflammatory conditions in the neck.

Now let us take up these various sub-headings, and give methods of diagnosis for each of these conditions, starting first with Group II.

Group II., A—Enlarged Thymus: The thymus gland is an organ whose chief function occurs in early life and, at the end of second year, it ceases to grow and remains practically stationary until after puberty, when it rapidly degenerates. It is situated in the superior mediastinum and partly in the neck, extending up, at times, as high as the inferior portion of the thyroid gland. In the neck it lies on the front and sides of the trachea.

You may readily see, from its anatomical position, that it may cause symptoms of laryngeal obstruction by becoming enlarged and exerting pressure on the trachea, or lower portion of the larynx, thus producing various grades of dyspnoea and often death,

*Read before the Medical Section, Rutgers Club, December 14, 1917. Read before the Middlesex County Medical Society, January 16, 1918.

according to the amount of pressure exerted.

In making your diagnosis of this condition, you must make it by exclusion. Look for signs and symptoms of all other members of Groups I. and II., and if none are found, a diagnosis of enlarged thymus is permissible, especially if a stenosis low down is found by bronchoscopic examination.

"At times you may feel the thymus if the patient be placed in the prone position and palpation is made in the suprasternal notch."—C. Mayo. You may, or may not, get a shadow on roetgen-ray examination.

Group II., B—Enlarged Thyroid: An enlarged thyroid gland may, due to its pressure, produce various grades of laryngeal obstruction, from the mild to the very severe types. This may occur directly by pressure on the larynx, or indirectly, by pressure on the pneumogastric or inferior laryngeal nerves, producing paralysis of muscles of the larynx.

The diagnosis of this form of obstruction is made by the accompanying semeiology and symptomatology of enlarged thyroid, and by ruling out other members of Group I. and II.

Group II., C—Retro-pharyngeal Abscess and Retro-oesophageal Abscess: Many cases have been intubated for laryngeal stenosis of pseudo-membraneous type without relief of symptoms, when the real cause for the dyspnoea was retro-pharyngeal or retro-oesophageal abscess. Retro-pharyngeal abscess is readily diagnosed by direct examination of the posterior pharyngeal wall, with a good light and by digital examination. Induration, and in its later stages, fluctuation, is readily felt.

In retro-oesophageal abscess, digital examination is generally of no avail, as the trouble may be too low down. Tubercular adenitis in the lymphatic glands of the neck should make you suspicious that a retro-oesophageal abscess may be present, due to a degenerated retro-oesophageal gland. Oesophagoscopy shows the point of stenosis covered with normal mucous membrane, thus being due to an outside cause. In retro-oesophageal abscess higher up, there may be a lateral swelling on either side of the neck above the clavicle; in most cases, however, there are no external signs of the disease.

Both these abscesses may be caused by Pott's disease of the cervical vertebrae, and it would be well to note if the patient, suf-

fering with laryngeal obstruction, also has Pott's disease.

Group II., D—New Growths and Inflammatory Conditions in the Neck: Lymphosarcoma, malignant lymphoma (Hodgkin's disease), abscesses, Ludwig's angina, and any enlargement in the neck, may cause symptoms of laryngeal obstruction. The diagnosis here is that of the tumor, or inflammatory condition.

We will now consider Group I. With its etiological factors within the larynx.

Group I., A—Oedema of the Larynx: Oedema of the larynx may be divided, in view of its etiology, into two forms: Primary and secondary. From a pathological standpoint, it may also be divided into two groups—first, simple oedema; second, submucous laryngitis.

The etiological primary type may be due to local irritation, from corrosive liquids, the administration of K I to the administration of any serum. The etiological secondary type may appear as a complication or sequel of tuberculosis, syphilis, carcinoma, typhoid fever, scarlet fever, measles, smallpox, chronic valvular disease, chronic nephritis, pressure on the veins in the neck from any cause, and after removal of an intubation tube.

The title of this paper refers to diagnosis, but here I have given the etiology of oedema, so that one may in a given case of obstruction, with any of the above diseases present, be suspicious that the trouble in the larynx is oedema.

On direct examination of the larynx in simple oedema, there is found a dropsical effusion into the cellular tissues of the aryteno-epiglottic folds and they have the appearance of pale red tumors without cellular infiltration.

In the submucous laryngitis type, there is found the same appearance with an accompanying inflammation in the larynx, and in the surrounding tissues. Swelling here is due to oedema plus round cell infiltration. The epiglottis may be greatly enlarged and always is enlarged to some degree.

Without the direct method of examination, the examining finger will reveal the swollen condition of the epiglottis, the top of the larynx, and surrounding tissues.

Oedema of the larynx occurs more often in adults, rarely in children, and when it does occur in children, it is generally due to the administration of serum, complicates the infectious fevers such as scarlet fever and measles, or follows an intubation.

The oedema of the larynx due to serum comes on late, about the eighth day after its administration, and is usually accompanied by an urticarial rash on the skin.

Group I., B—Foreign Body: It is well to remember that the symptom—complex “Croup”—may be produced by the inspiration of a foreign body into the larynx. This is especially true in children. Many cases are on record where antitoxin was given, a mistaken diagnosis of laryngeal diphtheria having been made.

Here the first symptom is cough, which is usually violent in character; dyspnoea develops rapidly. Small foreign bodies may produce cough, which quickly subsides. There is no temperature at first, and it is at the onset of laryngeal obstruction, due to foreign body, that the mistaken diagnosis of laryngeal diphtheria is frequently made. The laryngoscopic examination makes the diagnosis positive.

Group I., C—New Growths: The growths which may cause obstruction in the larynx are, first, the malignant-sarcoma and epithelioma and, second, benign-papillomata, chondromata, cysts, fibromata, lipomata, polypi, and angiomata.

These growths are seen in adults, rarely in children, and then the papilloma is generally found. The diagnosis is made by direct examination of the larynx.

Group I., D—Syphilitic and Tubercular Laryngitis: In hereditary syphilis, in which there are symptoms of obstruction of the larynx, oedema, submucous type, and laryngismus stridulus often occur. Severe dyspnoea may result and intubation be required. The diagnosis here is made from the other general symptoms of syphilis, as skin rashes, fissures at angles of the mouth, snuffles, etc. In a very young child, direct examination of the larynx is generally impossible.

In tuberculosis of the larynx in which there are symptoms of obstruction, the pathological lesion is ulceration. Most observers avow that tuberculosis of the larynx is always secondary to lung involvement.

The diagnosis here is made on finding tubercle bacilli in the sputum, on the physical finding of pulmonary tuberculosis and on direct examination of the larynx. This condition rarely occurs in children.

Group I., E—Spasmodic Laryngitis: This is also called catarrhal spasm of the larynx; spasmodic croup; catarrhal croup. It is spasmodic laryngitis which at times so closely simulates diphtheritic laryngitis, that one

must use all the diagnostic methods at his disposal in their differentiation.

The pathological lesions found in the larynx are congestion, later increased secretion and muscle spasm. On the day before the attack, the patient may have nasal discharge and hoarseness. The attack comes on suddenly, and usually at night; the patient awakens with all the symptoms of croup—cough, dyspnoea, cyanosis, and tachycardia. The temperature is usually normal. There often is a history of several previous attacks, and there are daily remissions.

Croup here is due to muscle spasm, and an anti-spasmodic will relieve that spasm, thereby causing a cessation of the attack. Atropine given in full doses, that is until, if need be, an erythema of the skin and dilated pupils are noted, will relieve the symptoms. A whiff of chloroform will, also, relieve the symptoms temporarily.

A smear or culture taken from the larynx will show no Klebs—Loeffler bacilli, and direct examination of the larynx shows the absence of membrane or pseudo-membrane.

Group I., F—Paralysis of the Abductors: The paralysis of the abductor muscles of the larynx may be due to any enlargement in the neck, such as enlarged thyroid, lympho-sarcoma, malignant lymphoma, carcinoma of the oesophagus, or any tumor that would exert pressure on the pneumogastric or recurrent laryngeal nerves. In children it is often due to post-diphtheritic paralysis.

The symptoms may range from the mild to the very severe, in which a marked degree of dyspnoea is present. In normal respiration during inspiration the vocal cords separate to allow ingress of air; this separation of the cords is due to the action of the abductor muscles of the larynx, the crico-arytenoidei. When these muscles are paralysed, the vocal cords remain in close proximity and do not open to admit air, therefore, there is intense inspiratory dyspnoea, while expiration is normal.

The diagnosis here rests on an inspiratory dyspnoea with a normal expiration. Laryngeal examination shows no movement of the vocal cords during respiration.

Group I., G—Laryngismus Stridulus; or idiopathic spasm of the glottis: This is a rare condition and occurs only in infancy; is probably never seen in patients over two years of age. Most of the cases occur between the ages of six and eighteen months. Males are more frequently attacked than females, and it is generally a manifestation

of rickets, but it does occur in congenital syphilis.

At first the attacks, due to spasms of the laryngeal muscles, may be mild and go unnoticed; later they become more and more severe, the child becoming cyanotic, the dyspnoea extreme. At times there is an arrest of respiration, due to complete closure of the glottis. The disease occurs in the under nourished.

Direct examination of the larynx is negative. The disease is purely of nervous origin; a great many of the cases are accompanied by convulsions, and a still larger number are accompanied by tetany. The diagnosis is made on the typical periods of apnoea, and the accompanying signs and symptoms of rickets or congenital syphilis. Convulsions or tetany, if present, are significant.

Group I., H—Membranous Laryngitis: The formation of true membrane within the larynx, with accompanying symptoms of laryngeal obstruction, does occur. All of these cases are secondary and are due to pyogenic infections higher up, which have extended down into the larynx. The organisms usually found being the streptococcus and staphylococcus.

Tonsillitis, and peri-tonsillar abscess, are often the causative lesions. This type is also seen in measles and scarletina. The diagnosis is made by smear or cultures from the larynx.

Group I., I—Pseudo-membranous Laryngitis: This condition is characterized by the formation of a pseudo-membrane within the larynx, and later ulcerations. This pseudo-membrane is due to infection by the Vincent's angina bacillus and spirillum or to the Klebs-Loeffler bacillus.

The pseudo-membranous laryngitis, due to Vincent's angina, is always secondary to Vincent's angina in the mouth or pharynx. Personally, I have never seen Vincent's angina in the larynx. Dr. H. L. Lynah, of New York City, has seen three cases and they were all secondary to mouth and pharyngeal infection.

The diagnosis is made by taking smears from the larynx when the typical fusiform bacillus and spirillum will be found. The pseudo-membranous laryngitis, due to the Klebs-Loeffler bacillus, is known as laryngeal diphtheria, membranous croup, true croup.

Diphtheritic laryngitis is the most frequent of all forms of laryngeal obstruction. It may start in the larynx and extend up to the pharynx, mouth, and nose; or extend

down to the trachea and bronchi. It may be secondary to nasal, tonsillar, or pharyngeal diphtheria. In the great majority of my cases the process was primarily in the larynx.

The pathological process in the larynx is due to lodgment of the Klebs-Loeffler bacillus with degenerative necrosis of the epithelial cells, and exudation of fibrin, forming the pseudo-membrane.

In laryngeal diphtheria there occurs the symptom—complex "croup," which gets progressively worse with no periods of freedom from symptoms. Temperature is, in most cases, elevated to some degree. The temperature range varies, generally from 100 degrees F. to 102½ degrees F.—rectal. Anything above 99½ degrees F. rectal, is an elevation.

Most of my cases have occurred in the moderately or well nourished children; very few in the under nourished.

The diagnosis depends on the increasingly severe symptom—complex "croup"; the elevated temperature, which is generally present; the presence of pseudo-membrane on the tonsils, or uvula, is prophetic enough of what is down below. Smears or cultures from the larynx show the Klebs-Loeffler bacilli. I, personally, favor the smear methods. It saves time; you get an idea of the associated organisms; you detect Vincent's bacilli and spirilli, which are difficult to detect on culture. Dr. C. B. Ker states, "In 75 per cent., at least, of our cases, the result of direct smear preparations is verified by the result of subsequent cultures." Here, it might be remembered, that the first culture might be negative, and the second or third, positive. "Higley, of New York, in a series of consecutive throat cases, made the same diagnosis as the Health Department Laboratory made from culture." (Parke and Williams, P. 229.)

In making a smear from the larynx place a small flat piece of sterile cotton between the jaws of the ordinary O'Dwyer extubator; allow them to close and then wrap the remainder of the cotton around the outside of the closed instrument; use the same technique as in extubating and you'll be sure the end of the instrument is in the larynx. In this method the cotton cannot be lost. The ordinary laryngeal applicator is too easily lost control of.

Another point, in cases of "croup," with no lesion in the nose or throat, examine the other children in the family, and you may find typical nasal or tonsillar diphtheria

present. I have seen this in several instances.

In conclusion: There are several facts, which are important in the differential diagnosis of these various forms of laryngeal obstruction.

Laryngeal diphtheria and spasmodic laryngitis are the most often wrongly diagnosed. Laryngeal diphtheria, in most cases, has some rise of temperature, the dyspnoea increases gradually with no remission, and is not relieved by atropine or chloroform. Laryngeal smear and cultures show Klebs-Loeffler bacilli.

In spasmodic laryngitis, the temperature is *usually* normal; there are remissions and intermissions in the symptoms; the dyspnoea is controlled by atropine or chloroform. Laryngeal smear and cultures are negative to Klebs-Loeffler bacilli.

Vincent's angina does occur in the larynx and is always secondary to lesions in pharynx or mouth.

Laryngismus stridulus is seen in the very young, in poorly nourished children, and is a rare condition. The attack is characterized by apnoea and usually signs of rickets are congenital syphilis are found, convulsions or tetany are significant.

Paralysis of the abductors, characterized by inspiratory dyspnoea, normal expiration.

In syphilitis laryngitis, oedema, or laryngismus stridulus may be present.

Tubercular laryngitis practically never occurs in children.

New growths in the larynx are rarely seen in children; exceptionally papilloma is found.

Oedema of the larynx is rare in children. In the child it may follow the injection of any serum; here it is usually accompanied by an urticarial rash; it may also follow an extubation.

Retro-pharyngeal abscess is found present by examination with a good light and with the finger.

Retro-oesophageal and retro-pharyngeal abscesses may both result from Pott's disease of the cervical vertebrae.

Enlarged thymus is diagnosed in most cases by exclusion.

EATING.*

BY DAVID E. ENGLISH, M. D.,
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One of the most important subjects for the consideration of the people of our na-

tion to-day, is the subject of eating. Food is scarce in the world to-day. It is probably scarcer in nearly every part of the world than it is in the United States of America and for that reason we do not realize as well, perhaps, as we should, the condition of semi-famine throughout the world. But babies, children, and adults are dying to-day by the hundreds in Belgium, Serbia, Poland, Roumania, Russia, and Armenia of simple starvation, while the majority of Americans are eating more than is best for their health. Every ounce of *unnecessary* food eaten by Americans to-day is an ounce taken away from someone who is greatly in need of it; it is simply robbing the starving. Every bit of food that we can spare, and do not spare, is just so much help to the German government toward winning the great war of Autocracy against Freedom. For the American people to glut themselves now with unnecessary food is treason pure and simple.

Many years ago a wise French doctor said "One qutrter of what we eat keeps us, the other three quarters we keep—at our peril." The truth of that remark is just as cogent to-day as it was some three or four hundred years ago when it was uttered.

Over-eating is a matter of habit and very early in life the human stomach becomes relaxed, or stretched, so that by the time forty years of age is reached in perhaps ninety per cent. of human beings the stomach holds more than is necessary or natural. At the end of a meal we like to have what my good old uncle, Dr. English of Englishtown, used to call "a comfortable sense of distention," and this would be natural and right if our stomach had not become so stretched that it holds much more than is good for us. The *normal* human stomach can always be filled so as to produce a comfortable sense of distention without harm, if it is not done too often. The trouble is we eat until we have an uncomfortable sense of distention, and do it often. The result of that is that there are very few human stomachs, at forty, that do not hold more food than is necessary or healthful for their owners. To eat until one has even a comfortable sense of distention with such a stomach is to eat much more than can be properly digested and assimilated. The residue rots and ferments in the colon, causing a chronic systemic poisoning which manifests itself in constipation, muddy skin, flabby tissues, dull headaches, irritability, stiff joints, sore muscles, stinking stools, early arterio-sclerosis and lack of energy. This state of affairs is brought about by

*Read before the Orange Mountain Medical Society, May 17, 1918.

bad habits. In a great many cases the bad habits are started in infancy, and due to too frequent feeding. An infant should never be fed at exactly regular intervals.

The feeding of infants is one of the most important matters in the world. Infants grow into adults. On how they are fed during the first twelve months, depends very largely the kind of adults they will become. On the kind of adults they become depends the welfare of the whole world, and the survival of the human race. It is much more important to rear an infant into a normal, healthy adult than it is to save the life of a man or woman over forty. To clearly understand the proper feeding of infants it is necessary to know the normal and pathological anatomy and physiology, and the chemical and mechanical action of the infant's stomach and intestines.

There are two things that should always be kept in mind: *first*, the infant is not merely a small adult, but is essentially a different organism from an adult, with a different anatomy and physiology, and governed by different natural laws; *second*, we are trying to help nature develop this infant into a normal adult. This means that whatever we do for the infant is not done for the present only, but also for the future. The kind of stomach and intestines that a man or woman of thirty or forty possesses, the value and efficiency as a citizen of the adult, depends very largely on how he or she was fed during the first few years of life.

The stomach at birth is little more than a straight tube hanging nearly vertically in the abdomen, continuous with the oesophagus above and with the duodenum below. It is elastic and easily distended, and it is in contact with, and more or less pressed upon by the other abdominal organs, and by the diaphragm. There is a slight fulness on one side of this tube showing where the greater curvature and the fundus will be later. When over-distended it assumes a shape somewhat like that of the adult stomach.

We do not know the exact size or capacity of the stomach of the new-born infant, but it probably holds about one ounce, or a trifle more. On account of its shape and position, and the pressure of the surrounding organs, its contents easily pass on into the duodenum, and this takes place even during feeding. This makes it impossible to overdistend the infant's stomach.

The adult stomach is essentially a muscle, lined with a peculiar mucous membrane,

and covered with a serous membrane. This muscle is strong and active, rolling about the solid and semi-solid contents, and separating them into different groups by zones of contraction.

In the stomach of the newborn, this muscular coat is undeveloped and weak. The problem is how to make the undeveloped, weak muscular coat grow and develop into the strong, active muscular coat that should be found in the adult stomach. The development and functioning of the lining membrane will take care of themselves if we succeed in making the muscle grow strong. We know that the best way to make a muscle grow is to *use it* up to the safe limit, and then to let it rest for a proper period; then use it again, and so on. We should, then, exercise the stomach in the same way. In order to do this I have thought out a plan of feeding which I have called the Natural Method of Infant Feeding, which differs considerably from the so-called Scientific Feeding which is, or was up to a short time ago, taught in all works on the subject.

Scientific Feeding seemed to be based on the idea that the infant's stomach should be always busy digesting food. So the time it took to digest a certain amount of food was carefully calculated, and as soon as that time was up the infant was again fed, no interval for rest being allowed. It was even taught that the infant should be wakened at the set time and fed a certain amount. A baby cannot always digest the same amount of the same kind of food, in the same number of minutes, and the result was that the baby's stomach was never properly distended, was never allowed to rest, and nearly always contained some of the last feeding when the next feeding was put into it. This residual, partly digested food was often in a state of fermentation, and frequently started fermentation in the new supply of food, with the production of gas that interfered with the process of digestion, and caused the infant much discomfort, besides interfering with its proper growth and development. I used this method for about ten years. It was better than the old slipshod way that was used before, but was far from perfect. Previous to the introduction of scientific feeding most mothers would nurse the baby whenever it cried, giving it just enough to quiet it. This was worse yet. In neither of these ways do the lower animals suckle their young. I have watched them and from their ways of handling their young, have deduced the following rules for the

feeding of infants. These rules apply equally to breast-fed and bottle-fed infants:

I. Never feed an infant until you are sure it is hungry. It is illogical and unnatural to feed an infant when it is not hungry.

II. Never feed an infant at exactly regular intervals. It is illogical and unnatural to expect an infant to be hungry and ready for more food at exactly regular intervals.

III. When you feed an infant give it all it will take of a proper and palatable food. Do not let it fall asleep too soon; shake it up and get it to take a little more. If it "runs over" it does no harm. Feed it enough to distend its stomach. It is impossible to overdistend an infant's stomach, except by too frequent feeding.

IV. As soon as an infant is fed, and fed full, it should be allowed to sleep. This sleep should be encouraged to continue as long as possible. A baby will sleep longer in a quiet place than a noisy place; longer in a cool place than in a hot place; longer out of doors than in the house; longer with a moderate amount of covers than with too much covering. An infant should never perspire from too much covering.

V. Do not feed an infant as soon as it wakes. First give it a drink of water. Then change it, adjust its clothing, give it fresh air, coddle it, talk to it, give it more water, do everything you can to keep it quiet and contented as long as possible. Finally let it cry a reasonable length of time. This crying prepares the stomach for its next meal.

VI. When the infant has cried sufficiently, and nothing else will quiet it, when the stomach is completely empty, and has had enough time to contract and rest, then feed it again, and feed it full, as before. In this way the stomach muscles will be properly developed and the infant will become a child with a normal stomach, and natural digestive powers. A majority of adults have stretched stomachs, which are more or less prolapsed. This abnormal condition is started by improper feeding in infancy. The infant's stomach cannot be dilated by giving too much food at one feeding, but the process of chronic dilatation can easily be begun by feeding the infant too frequently. It is the failure of allowing the infant's stomach time to contract and rest that starts the trouble. In using this Natural Method of Feeding it will soon be discovered that we are feeding the very young infant *about* every two hours up to two weeks of age, *not exactly*, but approximately every two

hours. And that the intervals gradually become lengthened until at the age of two months the infant will be having five feedings through the day, and one in the middle of the night, in most cases. It is now time, i. e. at two months of age, to stop the night feeding, giving for a short time in its place, a bottle of hot water.

Now we begin to work toward regular feeding which should be fully established by the ninth month, provided the baby has four good teeth. Sometime during the tenth month the feeding should be so arranged that the infant gets three full feedings in each day—morning, noon and night, with two lighter feedings, one in the middle of the forenoon and one in the middle of the afternoon. These five feedings are generally continued until the infant becomes a child at the end of the 24th month. This, however, depends largely on the infant. In some robust babies, who will take a large amount of food at each feeding, the number may be reduced to three meals a day during the eleventh month, or at the age of one year. We should always remember that the fewer the feedings, the better, so long as the infant is gaining in weight and strength at proper rate.

There will always be a few more or less feeble children who will have to be fed five times in each twenty-four hours, possibly even up to the sixth year, but these few are the exceptions that prove the rule.

Much harm is done by allowing little children to eat between meals. The temptations of ice cream, soda water, candy, fruit and chewing gum are hard to resist, and the parent is often as weak as the child in resisting. It is sometimes a good plan to allow these little children ice cream, or even candy, as a part of many meals, as an inducement to refrain from them between meals. Older children can easily be persuaded from eating between meals if they have been properly handled when they were younger, but a child of eleven or twelve who has always been allowed to eat at any and all times is hard to cure. Drastic methods are sometimes necessary. Adults who are "children of a larger growth" are still harder to cure. They have a will of their own and often a perverted will. It is about as hard to cure a chronic glutton as it is to cure a chronic alcoholic, and he will give the same reasons for not reforming. When, however, the patient really desires to be helped considerable can be done for him. He should be kept in bed for from three to six weeks, with the foot of the bed elevated at least

twelve inches, and put on a carefully selected light diet. When he is allowed to get up again a proper corset should be fitted to him to be worn for at least one month. In the meantime he should be taught what to eat, how much to eat, and how to eat it. He should be taught to chew his food long enough and slowly enough, and never to hurry over a meal. If every mouthful of food is bitten at least twelve times before it is swallowed, it takes much less food to satisfy the appetite than if it is swallowed hastily. There is very little danger of too little being taken.

All the fighting that is to be done in the great war that is now going on is not to be done in Europe. Much of it must be done in America. Let us then do all we can to help along the great struggle for Freedom and Right by fighting our own bad habits and our own perverted appetites, and by so doing not only benefit ourselves, but also, by conserving food, help feed the starving, and adequately supply our own brave boys fighting in France. It should always be a pleasure to eat, but to eat simply for pleasure, just now, is not only a sanitary sin, but it is a crime against our government, and against the great cause of Freedom and Right.

THE IMMORTALITY OF MAN.

BY G. B. PHILHOWER, M. D.,
Nutley, N. J.

Part of the Address on the Immortality of Man, Based Upon the Life of William Hanna Thomson, M. D., LL.D.,
Delivered at the Vincent Church,
Nutley, N. J., April 28th, 1918.

The author of "The Cross at the Front," Thomas Tiplady, an English chaplain, says: "The most important element of history is its inspiration." After having been out on the firing-line for the last two years, where he had the best opportunity to observe the behavior of the English troops while in action, he concludes that the great gift of Nelson to his country was not the defeat of the French, but the inspiration of his example. Of Wolfe, Gordon, Outram, Havelock and Sir Thomas Moore he says: "The inspiration of their characters outranks their deeds." "They rule the army from the grave just as firmly as does the minister of war." "They being dead yet speak."

As in military affairs, so in civil life, there are men who by reason of their

marvellous intellect or their strong personality that rule us wholly while they live and very firmly for many years after they are dead. Such a man was William Hanna Thomson, M. D., LL. D., one of my teachers. He being dead yet speaks.

The daily papers of New York City, his home, after telling who he was and the positions that he occupied, said that he had taken exceptions to the doctrines of Huxley, Haeckel, Darwin and Tyndel, that man was not an animal and does not die like one.

Let us see who Dr. Thomson was that the papers should think him of sufficient importance to make this statement about him. Who was this man that he should claim our attention this night? By what authority does he speak? Is he a safe guide for us to follow? Personally, I confess to having been guided and controlled by the inspiration of his example and character for thirty-five years.

William Hanna Thomson, M. D., LL. D., was born in Syria. He was the son of the great Dr. Thomson, a missionary to that country, where he wrote the "Land and the Book." Coming from such a distinguished father, perhaps it is no wonder that he became so illustrious himself.

Dr. Thomson was sent back to this country at the age of six to receive his education. He graduated from Wabash College, and later took his degree in medicine. He settled in New York City in 1859, where he remained in active practice until his death a month or two ago. His first appointment was as physician to the Quarantine Station, where he walked among nearly all of the pestilences which fly by night.

Yellow fever, typhus fever, typhoid fever, contagious dysentery, smallpox and Asiatic cholera in their palmiest days and in their most virulent form were no strangers to him. But he never shirked his duties, and many of his methods for the treatment and control of these deadly diseases, are among the greatest boons ever conferred upon man, and have come down to us with very few modern improvements. Later he was appointed visiting physician to Bellevue and Roosevelt Hospitals and Manhattan Hospital for the Insane, in which positions he remained to the end of his life.

His portrait, life size, adorns the walls, as ex-president, of that splendid body of scientific men, the Academy of Medicine of New York City; no greater honor can be conferred upon any medical man. He was a member in good standing in all of his

city and county societies, always a prominent member in his State and National societies, and an honored and respected member in several foreign societies.

My first acquaintance with him was as a student in the Medical Department of the New York University where he held the chairs of materia medica and therapeutics and of nervous diseases. Nothing is so dry and uninteresting in the whole curriculum of medicine as materia medica and therapeutics. It was soon after his appointment to these chairs that I first became a student under him. It had been difficult for his predecessor to have as many students as would constitute a corporal's guard to attend his lectures. Within three months, after his appointment, Dr. Thomson had brought so much of his personality into the class-room and had woven so much interest into his dry subjects that his lectures were almost romantic. His popularity as a lecturer grew so rapidly that it soon reached the other colleges, and from then on his own students had to fight for their seats in the front rows.

He always had a large private practice, and was most frequently called into consultation by other physicians. He visited the hospitals daily, lectured four times each week, of one hour each, held three clinics and one quiz. With it all he found time to prepare and teach a lesson of one hour to young men at the Young Men's Christian Association rooms in 23d street. His class was packed with young men, many of whom were medical students who had given up their only hard-earned holiday to attend.

It is one of the very pleasantest pictures in my mind this night as I reproduce him as he sat upon that platform, and in his own peculiar and unique use of English, presented the truths of the Bible. He reminded me of a skillful lawyer presenting his arguments before a court of learned judges, every bit of the evidence having been analyzed, classified and placed in its proper place in relation to the case in hand.

He was handsome in appearance, gray of hair and moustache, which contrasted strikingly and attractively with his flush of face. He always dressed in the latest fashion, silk hat, kid gloves and carried a gold-headed cane, and yet there was nothing ostentatious or foppish about him, just simply a man who thought that he had not yet grown big enough to disregard his personal appearance without giving pain to his friends. He never abused or neglected his physical body, believing it to have been a

sacred trust committed to his use and keeping for a time and he never betrayed it. He always looked the scholar and always acted the gentleman. I wish more of us would emulate his example.

Dr. Thomson with it all was human as one or two illustrations, taken at random from his lectures on nervous diseases will show. He was frequently called in as an expert in insanity cases, and I should judge that the lawyers had annoyed him much, for he never let an opportunity go by that he did not dig into them.

A lawyer asked him in one of his trials if any one act would prove a man to be insane, as an illustration: "If you were going up the street and the man ahead of you should fall down and, after getting upon his feet, began to swear violently, would you think that he had suddenly gone insane?"

The doctor replied that it would wholly depend upon who the man was; if he were a prominent preacher of the city, he would consider his case worth looking into, but if he happened to be a prominent lawyer, he would think nothing about it, as it would be only an ordinary occurrence.

In one of his lectures on the mind he said, in illustrating the relationship of the mind to man, that a man's mind was not him but his, and that he could hire it out like a horse and wagon for a price, in fact, that was the way lawyers made their living, by hiring out to their clients their entire mental equipment, including powers of reasoning, powers of eloquence, powers of argument and, if necessary, their emotions would be included.

He knew a prominent barrister who had a very valuable asset in his tears, who knew just the psychological moment when the flood should be turned loose upon the jury, and if the fee were large enough, he would keep it going until that particular jury was deluged.

He had no patience with the doctrines of Huxley, Haeckel, Tyndal or Darwin. Of Darwin he said: "Even if we could not tell the brain of a man from that of an ape, as they contain the same number of lobes, convolutions, etc., you could not imagine a chimpanzee being taught to pass an examination in ancient Greek or Hebrew, or think of an ape building the Brooklyn bridge, engraving a bank note or arguing as a free trader or a Calvinist?"

Of Huxley and some of his contemporaries: "There is something pathetic in the conclusion that because they have shown how a

man's body has been preceded by connective stages of evolution up to the ape's physical frame, therefore, man was thus accounted for by science."

I am sure it was a great joy to him to be able to write the following about his chosen and beloved profession: "Physicians were once charged with being the most materialistic of all professional men, but they are now coming forward with discoveries about the unseen personality in us, which furnish the most convincing arguments against the doctrines of materialism."

Dr. Thomson died at the age of eighty-five. He wrote "Brain and Personality," in 1906, when he was seventy-three years old; "Life, Death and Immortality," in 1911, then seventy-eight years old, and "Wonders of Biology," in 1913, then eighty years old. A large text-book of clinical medicine in 1914, when eighty-one years old. This text-book is a classic. More than thirty years ago his students wanted him to write a medical book, his answer was that there were too many books as it was, and when he did write one it would be different from any that had ever been written, and sure enough it was. It is so romantic that any layman can read it with much profit and pleasure.

What an inspiration of example and character is such a life? Busy physically until well up into the seventies and then writing books, and what books they were? What is of greater concern to man than the care of his body while he lives and what becomes of him after death?

Only a few years ago, there came to my office the Medical Record of New York City, one of the most up-to-date and progressive journals published. Upon the first page, the page of honor, in any magazine, was an article entitled "Acute Invasion of the Kidneys by the Colon Bacillus," by William Hanna Thomson. That was the last word at the time on progressive medicine no one had ever written upon that subject before. Owing to that article, it is now a very well recognized malady and is dealt with according to his instructions. On the same day, I purchased one of the leading magazines, Scribner's, I think it was, and on the first page again, the page of honor, was an article on the "Subject of Miracles" by Dr. Thomson.

Can such a man be explained by science or biology? The homo, or animal part can be, but not the Sapiens, or spiritual part.

Thus do we close his life full to over-

flowing with usefulness and years. always the exceptional man, clear down to his death at eighty-five.

One or two lines from Milton, in which I have taken the liberty of changing the tense from the present to the past, applies to the ending of his useful and wonderful life:

"He so lived, till like ripe fruit he dropped

Into his Mother's lap, or he was at ease
Gathered, not harshly plucked, for death
mature—

This was his old age."

Does such a man die like the horse or dog? I do not and cannot believe it. It requires no stretch of my imagination this night, in my vision to see him in company with his Master, no longer "Looking through a glass darkly, but seeing face to face," and I hear him saying: "When I taught you, I knew only in part, but now I know even also as I am known."

Clinical Reports.

Placental Hemorrhage.—Atonic(?) Dr. Arnesen, in the Norsk Magazine, relates a case of a primipara aged 26, who up to gestation had been strong and healthy, while gestation had been normal save for initial severe vomiting. Labor was normal and the placenta was expressed by Crede's method. Blood and blood clots following the placenta, and there were absolutely no uterine contractions, death seemingly impending from acute anemia. The author was forced to compress the abdominal aorta. Massage accomplished nothing and pituitrin was not available. At the risk of infecting the woman the author inserted his hand into the uterus, and having found no retained placental debris resorted to bimanual compression as recommended by Brandt. After 15 minutes benefit was apparent. The patient also received supporting injections of camphor and gave no further trouble. She had lost from 1.5 to 2 liters of blood. The puerperium was afebrile.

Typhoid Bacteriemia in Miliary Tuberculosis.

Dr. Arthur Bloomfield, Baltimore, in the American Review of Tuberculosis, reports from the medical clinic of Johns Hopkins Hospital, this case:

A colored laborer, aged 26 years. The general health had been good. There was no history of typhoid fever. The onset had been with fever, malaise, headache and anorexia followed by abdominal soreness and slight cough. On admission on the tenth day he was rather dull. The lungs were clear, breathing not rapid, abdomen scaphoid, the right rectus a little tense especially in the upper portion. There was slight abdominal tenderness, the liver and spleen were not felt, the eye grounds were normal. The red blood cells were 4,000,000 with 90 per cent. hemoglobin, the leucocyte 2,300. The urine showed febrile characteristics, the stools were normal. The Widal reaction was negative on admission and again

eight days later. The blood culture made on the day of admission yielded *B typhosus* in pure culture. Twelve days later the blood culture was negative. The patient was regarded and treated as a case of typhoid fever, but did not respond well. The temperature ranged from 100° F. to 103.5° F., the pulse varied from 75 to 140, for the most part between 100 and 110 with constant pulse temperature disproportion. Eleven days after admission he complained of epigastric pain. Eleven days after that there was a sudden sharp agonizing pain, and an exquisite tenderness in the epigastrium. The leucocytes were 2,640 with 80 per cent. polymorphonuclears. He was taken to the operating room immediately. An ulcer was found just below the pylorus, of the usual peptic type. It was partially excised and the defect repaired with omentum. He regained consciousness though he remained very drowsy, his pulse became weaker and he died within ten hours. The autopsy was made eight days after death and the following anatomical diagnosis recorded; fibrous pleurisy, caseous tuberculous lymphadenitis, cervical bronchial and mesenteric; tuberculosis of the lymphatic duct; general miliary tuberculosis; tuberculous fibrinous pleurisy; duodenal and gastric ulcers without tubercles. The intestines showed no abnormality.

Dentigerous Cysts.

Dr. Ira Frank, at a meeting of the Chicago Laryngological and Otological Society, reported the case of a boy about twelve years of age.

When six years old a swelling in upper jaw just beneath nasolabial fold on left side was noticed. The lateral incisor, cuspid, and bicuspid teeth on the same side were missing and had never erupted. A roentgenogram showed the three teeth in the cyst. At the time of operation the growth filled the cavity of the antrum of Highmore. It was enucleated by an incision on buccal surfaces of the superior maxilla, with uneventful recovery of the patient.

Pathological report showed a cyst 3 by 3 by 2 cm. in size, with whitish smooth wall, containing three small but well formed teeth. The inner surface of the cyst was lined by a layer of squamous epithelium; scattered throughout the dense tissue of the outer half of the wall were moderate numbers of lymphocytes. Diagnosis: Dentigerous cyst with some acute and subacute inflammation.

Dr. Frank in his paper said:

The dentigerous or tooth bearing cysts occur less commonly than the simple dental cysts and are usually located in the bicuspid or molar region in either jaw. While they form usually during or shortly after second dentition they may occur later in life. The cyst wall is composed from within outward of thin flattened epithelial cells and a layer of connective tissue and bone, the latter varying in thickness according to the size of the cysts. The teeth which are missing from the jaw are found within the cyst cavity imbedded quite loosely in the substance of the wall.

Dr. Joseph Beck, discussing the case, said:

One of the most interesting cases he had had was that of a lady who had a dentigerous cyst which was drained and washed and recurred for two or three years. X-ray examination

showed a tooth high up in the antrum. At the time of operation he had great difficulty in getting the tooth loose, as it was very firmly imbedded. He took a chisel and pried it out and the tooth disappeared; it could not be found anywhere. He thought it might have been swallowed, but what she complained of was that her nose had become blocked. The following day she could not breathe through the side of the nose which she was operated on. On the third day an examination was made, some adrenalin being introduced, and there was the tooth in the inferior meatus. The interesting part was that between the nose and the cyst was the antrum; he had opened the antrum and while there was little blood in the antrum the tooth was not there, but had gone through the antrum into the nose.

Splenic Leukaemia.

Dr. C. T. Foo cites the following cases in a paper published in the Michigan State Med. Journal:

Case 1. Mrs. D. A., September 4th, 1916, aged 64, came in with great distress in her abdomen. She could hardly climb the steps without the assistance of two men. She complained of bloating and pain in the left side of the abdomen and the pain radiated to the shoulder. This enlargement, or rather bloating as she called it, has been coming on insidiously for the last two years.

On inspection patient had a large abdomen fairly well nourished and somewhat anemic in her appearance. On palpation the abdomen is tense and rigid all over especially the left side. It felt as though there was an enlargement of an organ which extended up to the naval and down to the pubes. Patient complained of considerable pain when pressure was made upon the abdomen. On auscultation nothing definitely ascertained. The heart is irregular, pulmonic second sound is louder than usual. Lungs showed normal vesicular breathing. Temperature 100 degrees F. Pulse 98 and respiration about 28. Never complained any stomach trouble. Urine is negative. Blood picture showed the following:

Leucocytes 281,200 per c.mm.; erythrocytes 2,416,000 per c.mm.; haemoglobin 80 per cent.; large lymphocytes 40 per cent.; small lymphocytes 20 per cent.; poly-neutrophile 40 per cent.

Eosinophile present, abnormal cells are basophiles, myelocytes, monoblasts, microcytes, anisocytes and poikilocytes, color index is lower than usual. Blood pressure 140 mm.

Case 2. Mr. E. T., age 32. This patient was brought to the hospital on a stretcher November 12, 1917. His condition was very much worse than the case 1 mentioned above. His spleen was very much larger and all he could do was to get his breath while lying in bed. The abdominal enlargement had been gradually coming on for about one and a half years, he claimed this disease was brought on by an injury. His blood picture gave the following findings:

Leucocytes 515,000 per c.mm.; poly-neutrophile 37 per cent.; large lymphocytes 47 per cent.; small lymphocytes, 12 per cent.; eosinophiles 4 per cent.; haemoglobin 80 per cent.

The other abnormal cells were present about the same as those of Case 1.

As to treatment various remedies and drugs

have been prescribed in this disease; benzol 10 to 20 minims, three times a day taken in milk; liquor potassi arsenitis or Fowler solution given in gradual increasing minims doses are useful and beneficial, also cacodylate of sodium, gr. 5 to 8 every other day hypodermically. The best result and most effective treatment is procured by massive x-ray with the Coolidge tube which is to be given at the beginning once in 4 days and as the patient improves the x-ray is given once a week and then once in two weeks. The most essential thing that we must impress upon the patient's mind is that the treatment especially the x-ray must be continuously kept up, for according to the Mayos' the disease will return and become worse if the treatments are discontinued. Of course diet, fresh air, are important as a part of the treatment but they are only secondary.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, June 7.

"Points of Interest in Diagnosis and Treatment" (illustrated by lantern slides), was the subject of a paper by Dr. H. A. Hare of Philadelphia.

Pictures of aneurysms depicted the improvement resulting from the introduction of a platinum-gold wire, from 10 to 30 feet in length, into the sac. Silver wire cannot be successfully used because it fails to coil.

Interesting cases of esophageal goitre were shown. These were followed by cases of cretinism. Contrasting pictures portrayed the wonderful results obtained from the use of thyroid extract. Particular attention was called to the borderline cases which often pass unrecognized.

Dr. J. Frank Schamberg of Philadelphia followed with a paper on "The Present Status of Syphilis Therapy" (illustrated by lantern slides). By diagrams he showed the chemical contents of arsphenamine, explaining that the German product is known as salvarsan, the Canadian as diarsenol and the American as arsenobenzol. Unpleasant symptoms and accidents following the use of these preparations are due to impurities, faulty technique, or individual idiosyncrasies.

Yaws or frambesia responds to one injection of arsephenamine, and it was hoped that syphilis would respond as readily. But, unfortunately, such is not the case, and nice judgment is required to decide how soon the injections shall follow each other. Syphilis as a disease is curable, but it is exceedingly difficult to determine just when an individual case is cured.

So important is it that this disease be controlled, that municipal, State and Federal aid should be enlisted, so that the poor, as well as the rich, can be properly treated.

By invitation, many nurses were present, and Dr. W. J. Carrington, president of the society, called to their attention the need of the Red Cross for 25,000 enrolled nurses.

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

A regular meeting of the Burlington County Medical Society was held Wednesday, June 12th, 1918, at 1 P. M., at the Metropolitan Inn, Burlington, N. J.

Dr. R. Downs, chairman of the Section on Surgery, announced the following program:

"Diagnosis and Treatment of Prostatic Hypertrophy," by Dr. Willard H. Kinney, Philadelphia, Pa.

"Deformities of the Feet, Their Treatment and Relation to Military Requirements," by Dr. Arthur J. Davidson, Philadelphia, Pa.

Reports of interesting cases were presented.

Dinner was served at 3.30 P. M.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The Morris County Medical Society having accepted the cordial invitation of the management of All Souls' Hospital at Morristown, met there on Tuesday, June 18, at noon. All the officers were present. A resolution was passed in regard to several members of the county society who had been accepted for military service and within a short time after entering upon army duties were found to be ill and returned home. In one case this had caused severe pecuniary loss as well as rendering the physician unable to resume his practice. A copy of the resolution, containing the facts of the case, was ordered sent to the Journal of the American Medical Association and the Surgeon General's office.

Among the visitors present were Dr. Hance of Boonton, Lieut. Daley, M. D., of the Naval Station at Lake Denmark, and Miss Elizabeth Miller, superintendent of the Dover Hospital.

The paper of the day was read by Dr. H. G. Dunham on Neurological Surgery. The doctor said that during the past fifteen years a new epoch had been inaugurated in this line by Cushing; that there were, however, three reasons why it had not steadily increased: Firstly that the general practitioner frequently did not recognize the conditions needing operation; secondly, that the surgeon consulted might not be sure that there was lesion; and, thirdly, that surgeons who had not done much neurological surgery were afraid to do what was necessary. Some of these things also tended to throw neurological surgery into disrepute. That it must be admitted that a certain number of operations could not be more than palliative. That wonderful results had been obtained in spastic paralysis in children if the operation be done before the blood becomes organized, though if the operation were left too long the decompression sometimes afforded relief though possibly not a cure. In all difficult labors where forceps were used and in many breech presentations where there was any question as to head injury, an ophthalmoscopic examination of the disks should be made and if they showed symptoms of pressure, examination of the spinal fluid should be made. In cases of tumor an early diagnosis and operation frequently cured the condition as many of these tumors were encapsulated. If there were occasional twitching of the extremities with deafness which could not be readily accounted for, together with any other signs of intracranial pressure, tumor of the

cerebropontine angle should be considered. If the tumor were an infiltrating one an operation only could be palliative; but a subtemporal decompression frequently gave great relief. In fractures of the skull there often was an acute cerebral edema, possible hemorrhage and fractures of the vault. These cases needed careful observation. If there were distinct symptoms of hemorrhage or convulsions, operation should be done quickly. In case of hydrocephalus early drainage may improve the condition. The three principal factors that had made neurological surgery possible were asepsis, hemostasis and anesthesia. In subtemporal decompression the vertical incision was now thought to be more desirable than the circular one. This saved the temporal muscle and frequently avoided danger to many of the arteries. In these operations the dura should be opened and left open. The dura should not be removed or left open if the osteoplastic flaps were replaced.

Among those who entered into the discussion were Drs. Evans, Flagge, Costello, Clark and Mills.

Dr. Dunham, after replying to the questions asked of him, gave the history of one or two cases he recently operated upon with marked relief to the patients.

The inspection of the newly completed All Souls' Hospital was then made by the members. They were highly interested and had nothing but commendation for the way in which the building had been designed and equipped. There is a large well lighted operating room with x-ray room and the necessary apparatus on the fourth floor. The third floor is devoted to private rooms and on the first and second floors are general wards for medical and surgical cases. There is a roomy obstetrical ward which by closing of a door is shut off entirely from the rest of the institution. In the basement there is a receiving room with a sterilizer and bath, kitchen and several dining rooms. Every floor is equipped with several incinerators and apparatus for completely cleaning and sterilizing and utensils for the care of patients. There is no doubt that a large amount of valuable work is possible in this hospital. The members were received and escorted through the different parts of the hospital by the sisters conducting the hospital and by the members of the society who are on the hospital staff, all of whom were painstaking in making the reception to the medical profession pleasant and instructive.

The hospital management served the members of the society and other guests with a very agreeable luncheon, which was very much appreciated and enjoyed.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at Highland Club on Friday, May 31, 1918, at 8.30 P. M., Dr. Bebout entertaining and Dr. Hamill in the chair. Present: Drs. Baker, Bebout, English, Hamill, Jaquith, Keeney, Lamson, Meigh, Moister, Morris, Prout, Reiter, Rockwell, Smalley and Wolfe, and the following guests: Drs. Grier and Eaton of Elizabeth, Embury of Basking Ridge, and Henry of Bernardsville.

A letter from Dr. Tweddel, tendering his

resignation on account of removal from Summit, was read and on motion the resignation was accepted with regret. The following nominations were then made for membership: Dr. Embury of Basking Ridge, by Dr. Meigh; Dr. Falvello of Summit, by Dr. Lamson.

The paper of the evening was read by Dr. Joseph Bissell of New York, on "Radium Therapy." He described the physical properties of radium and the technique of its application. In non-malignant growths its use is indicated when surgery, for any reason, is undesirable. It does not replace surgery in the treatment of cancer, but is useful if thorough removal is not possible, or in recurrence. It has a special field of usefulness in giant or spindle celled sarcoma of the long bones. Fibroids respond miraculously to radium, and are easily cured without operation. Other indications for its use are rodent ulcer, uterine hemorrhage, keloid, tubercular skin lesions and broken down glands of the neck, birth-marks and leukemia.

Association of American Physicians.

At the annual meeting in Atlantic City, May 7 and 8, the following officers were elected: President, Dr. Alexander McPhedran of Toronto; vice-president, Dr. Herman M. Biggs of New York; secretary Dr. Thomas McCrae of Philadelphia; treasurer, Dr. J. A. Capps of Chicago; councillors, Dr. Theobald Smith of Princeton and Dr. C. F. Martin of Montreal.

The American Pediatric Society.

This Society, at its thirtieth annual meeting in Lenox, Mass., in May, elected the following officers: President, Dr. Edwin E. Garham of Philadelphia; treasurer, Dr. Charles Hunter of New York; secretary, Dr. Howard C. Carpenter of Philadelphia; treasurer, Dr. Charles Hunter Dunn of Boston; recorder, Dr. Oscar M. Schloss of New York.

Miscellaneous Items.

A British Hospital for American Wounded.—On May 29th the United States took over a British war hospital in London for the care of wounded American soldiers. It has 2,000 beds and will be operated by an American staff consisting of fifty doctors, 150 nurses, and 300 orderlies.

Medical and Divinity Students Must Register.—The War Department authorizes the following statement from the Provost Marshal General: "Divinity students and students of medicine must register. Registration comes first and exemption afterwards. It is absolutely necessary that these students register." The only men not affected by the new law are those now actually in the military or naval service.

General Hospital No. 9, Lakewood.—At this hospital, which was formerly the Lakewood Hotel, there were about 300 men treated up to June 1st, most of whom had been victims of illness or accident at billets abroad and camps in this country. Heart trouble and rheumatism, fractures, cuts and burns have been the causes

of disability in most of the cases, but early this month some shellshot patients were taken there. As the overseas casualty list lengthens with advancing days, more and more of the 1,100 cots will be filled by men who have been in the fighting.

Test Case Against Chiropractors.

We gave in the April Journal, page 130, an account of the conviction of a chiropractor, but that was not a test case. General Secretary A. H. Corwin of the N. J. Association for the Suppression of Vice and Imposture, gives us the report of the first test case.—Editor.

What is termed the first test case against a chiropractor in New Jersey, was tried in Trenton, May 20th, in the District Court before Judge Montgomery.

Charles E. Marchand, 145 Perry street, Trenton, was arrested March 14th by Adolphus H. Corwin, State officer for the Board of Medical Examiners, on complaint of the board. Marchand was released on bail. The case was adjourned from that date to May 20th in order that the defense might secure the services of Attorney Hartwell of Wisconsin, who has represented the chiropractors in the middle west. The defendant was also represented by Attorneys Heher of Trenton, Leap of Camden and Senator Rathburn. The prosecution was conducted by Assistant Attorney-General Wellington B. Entler.

Six witnesses testified for the prosecution that Marchand prescribed and diagnosed for various diseases and injuries, and produced receipts signed by him. The defense attempted to prove that chiropractics is a form of osteopathy and should be tried under that law and not the medical act. Judge Montgomery ruled that the diagnosis for several different diseases and Marchand's claim to be able to cure each patient brought the case within the jurisdiction of the Medical Board and under the Medical Act. The case was decided by jury and Marchand was convicted. The penalty is two hundred dollars and costs, and where there is default in payment of same its is one hundred days in jail.

Boston's \$20,000 Speech Laboratory.

Everything from the baby lisp to the most advanced stuttering is to be studied at Boston's new \$20,000 speech laboratory, funds for which have already been raised. Dr. Walter B. Swift is in charge of the work. Dr. Swift is the clinical assistant in laryngology of the Harvard Graduate School of Medicine and assistant in the laryngological department of the Massachusetts General Hospital speech clinic. His courses at Harvard cover the psychological, medical, educational and treatment aspects of speech correction, and his clinics include the training of public school teachers in methods of speech correction. The research of the new laboratory will therefore have a direct bearing on the work of the public schools.

One of the commonest causes of speech defect, says Dr. Swift in the Boston Medical and Surgical Journal, is enlarged tonsils. Cleft palate also makes speech indistinct, and paralysis of the tongue makes certain utterances impossible. Sometimes, too, a child's speech is defective because its eye or its ear fails to register correctly, or because its mind fails to

collaborate with these organs properly. Already Dr. Swift's students have investigated the psychological causes of stuttering, and a new treatment has been devised and applied with remarkable results. They have found that the peculiar speech of victims of cleft palate is not entirely due to the malformation, but to mental processes capable of corrective education. And even mental defectives are capable of speech improvement as well as of concomitant mental growth when put through a series of vocal drills.

Nor is the speech movement confined to Boston, though this city leads the way. Students go out from the Harvard clinic to other parts of the country and start clinics and teaching centres of their own. The Horn School of San Francisco, the Rush Medical School of Chicago and the Guggenheim School of St. Louis are doing especially notable work.

Expert Care of Juvenile Delinquents.

In May last, Ohio organized one of the best movements ever attempted for the classification and segregation of the socially unfit and the protection of society from the contaminating influences of its defective units. We take from the Ohio State Medical Journal the following account of this movement, and congratulate the authorities of that State on its inauguration and on the wisdom shown in the choice of Dr. Goddard as the head of the new bureau, while recognizing the loss New Jersey and the Vineland institution has sustained by acceptance of Ohio's offer.—Editor.

"Dr Henry H. Goddard, formerly director of the department of research of the Training School at Vineland, New Jersey, is in charge of the work as head of the new bureau of juvenile research, under the Ohio board of administration. By the creation of the bureau, the first of its kind in the United States, Ohio becomes the pioneer State of the union in a work that has long been the dream of those who study social problems. * * *

"Under the law, all defective juveniles are to be committed by the courts to the Ohio board of administration, instead of directly to the various institutions. In this way the children will come to the bureau of juvenile research and will be detained there for observation and for tests to determine their mental condition. Investigators will visit the homes where surroundings and antecedent conditions will be looked into. This information will be filed with the results of mental and physical tests, to determine if any ailments operate to the disadvantage of the youths. With the complete records, the bureau will then decide whether the children are normal or defective. Defectives will remain in the custody of the State and will be assigned to the proper institutions for treatment. Normal but delinquent children, whenever possible, will be placed in private homes where wholesome moral influences and good training will give them the chance denied them in their own homes to become good citizens.

"An appropriation of \$100,000 has been made for a good building to house the bureau to be located on grounds of the Columbus State hospital for the insane. Dr. Goddard will receive \$7,500 a year—the largest salary paid any State official below the rank of governor."

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OUR ANNUAL MEETING.

The 152nd annual meeting of the Medical Society of New Jersey held last month exceeded in attendance and interest the expectations of its most optimistic officers. In these times of strain and stress, with so many members engaged in active war service, it was thought that about 300, including guests, would be the number present, but there were about 450 registered, of whom about 280 were members of the Society—officers, permanent, annual and associate delegates. There was exhibited a splendid spirit of loyalty to our country and to the profession. The absence of 300 of our members in the country's service—many of whom were leaders highly esteemed, was deeply felt, but universal were the expressions of proud satisfaction in recognizing the fact that they were honoring us and our Society by their patriotic and efficient service—the actions taken by the Society gave abundant evidence of that fact. It was a great pleasure to all to welcome many and listen to the earnest words of some of these honored men who came to show their love for the Society. Their enthusiastic spirit and speech—rejoicing they were in the service and were happy and hopeful therein—quickened the patriotism of all and ought to bring decision to the many eligible doctors who are question-

whether they will enter the M. R. C. service.

Of course all felt greatly disappointed that our President—Dr. W. G. Schauffler, Lt.-Colonel, N. G. A.—could not be with us because of the pressing demands on him at Camp Beauregard, La., and the regret was deepened because his presidential address, which he had sent, could not be presented because we had not the knowledge that it had been censored by the Surgeon-General and approved, as the rules of his office require of all public addresses made by medical officers before delivery. We are pleased, however, to insert it in this issue of our Journal with the consent of the censoring officer. Dr. T. W. Harvey, first vice-president and acting president since Dr. Schauffler left us, by request hastily prepared and delivered an able address as the presiding officer.

The Orations in Medicine and Surgery by Professors G. D. Stewart and M. Allen Starr, respectively, of New York, were of a high order of excellence, full of advanced scientific thought, of practical suggestions and patriotic expressions. The address of our third vice-president—Dr. P. A. Harris—and the other scientific papers by Prof. John Rogers, Jr., of New York, and by members of our Society were also worthy of the occasion and should have close study when they appear in our Journal.

The reports gave evidence of careful preparation and were generally encouraging. That of the Judicial Council—as in former years—showed that the suits in Medical Defense of our members had all been won by the Society. The report of the Publication Committee by Dr. Strasser showed the extraordinary gain of over \$800 on the Journal's profits. The Hospital Standardization Committee, Dr. Dickinson, acting chairman, in the absence of Major J. C. McCoy, also showed progress; Prof. Baldy of Philadelphia spoke very ably on it. The Trustees in their report showed an unusual attendance—19 out of 22 present; the report recommended the purchase of \$2,000 additional Liberty Bonds for investment and that \$1,000 be set aside by the Treasurer for the relief, in case of urgent need in any of the families of our members who are in the service of our country. They also recommended to county societies that they make all members of their respective societies who are in war service, members of the Society for the Relief of Widows and Orphans of the Medical Men of New Jer-

sey, paying their initiation fee and the assessments—always small—while they are in the service. They also urged that reports of all the medical societies' meetings be sent promptly to the Editor for insertion in the Journal.

The Business Committee, Dr. Donohue chairman, reported favorably on all the recommendations and they were unanimously adopted by the Society. Dr. Mercer, the Treasurer, presented a very encouraging report, showing a large cash balance and \$2,000 of Liberty Bonds. Dr. Gray, the Secretary, reported a membership of 1,766 with 39 others who had not yet completed membership requirements. This is the largest membership ever reported, due largely to the Secretary's follow-up methods. The business generally of the Society was transacted with commendable despatch, showing the wisdom of printing certain reports in the Journal prior to the meeting, and of referring reports to the Business Committee for deliberate consideration and definite recommendations for the Society's action; thereby eliminating waste of time in *needless* discussion arising from misunderstanding of reports, without cutting off *helpful* discussion that would secure best judgment and results. The nomination and election of officers were conducted in a very quiet way free from all undue strife; three excellent men were suggested for third vice-president which leads in due time by advancement to the presidency, and resulted in the nomination of Major Henry B. Costill, M. R. C., of Trenton. Dr. Thomas W. Harvey being president, and Drs. G. K. Dickinson and P. A. Harris, first and second vice-president respectively; no change was made in offices of treasurer, recording and corresponding secretaries. Dr. Alexander Marcy, Jr., was elected chairman of the Board of Trustees and Dr. English was re-elected as its secretary. Dr. D. C. English was re-elected Editor of the Journal.

The Committee on Finance was reappointed, Dr. Edward J. Ill, chairman.

The Banquet was exceedingly enjoyable, with Dr. Harvey as toastmaster. The post-prandial speeches by Rev. Dr. Patterson of Orange, Prof. S. W. Lambert, Dean of Columbia University's Medical Department; Counselor E. D. Duffield of South Orange, and Major W. P. Eagleton, M. R. C. of Newark and Camp Dix, were eloquent and patriotic—full of optimism as to winning the war and America's great part in it and strongly antagonistic to any peace until the war is won and a peace can be secured that

is honorable, righteous and gives assurance of being enduring. Letters regretting their inability to attend were received from Governor Edge and Counselor Wall, the former being detained by patriotic functions among our soldiers.

Surely the members of our Society have reason to look forward most optimistically to the work and its results during the ensuing year, from the inspiration this year's annual meeting has given; the spirit of loyalty our members are exhibiting and the strong hope we entertain of welcoming to our next annual meeting our members who have won honor and reflected honor on us and our profession by faithful and efficient service in the war that we trust will *then* have been won by America and her Allies for Democracy and for Humanity's welfare.

ARE YOU ONE?

There are numerous physicians who have responded to appeals for enlistment in the Medical Reserve Corps with the answer, "I will go when I am needed." The time is right here NOW when, if these meant what they said, they must make good. EVERY MAN WHO IS PHYSICALLY AND PROFESSIONALLY FIT FOR ARMY SERVICE IS NEEDED IN THE RESERVE CORPS RIGHT NOW. So says the Surgeon-General, and so say all who are in position to know.

Our men are pouring into the battle areas of Europe and into the concentration and training camps of this country. The Hun is beginning his supreme effort and evidently has the strength to keep going for a long time; his U-boats are striking down our ships this very day at the very mouths of our harbors, as well as in European waters; his minions are bombing the hospitals behind the lines; our own troops who have through the fortune of war fallen into his hands are being starved and abused in the prison camps of the barbarian. For our own sake, as well as for the sake of other civilized nations, we must handle the Hun, and we are going to do that thing IF our troops are properly cared for. They cannot be properly cared for unless there shall be enough medical officers.

ARE YOU ONE OF THOSE WHO HAVE SAID, "I WILL GO WHEN I AM NEEDED?" IF YOU ARE, SIGN YOUR APPLICATION BLANK TODAY AND REPORT TO THE NEAREST EXAMINER, FOR YOU ARE NEEDED NOW.—Tenn. Med. Jour.

Lieut.-Col. Vaughan, M. D., says: The doctor who stays at home and takes advantage of the business of his colleagues may live on the avenue and be a director in a bank, while the man who goes may live after the war on a side street and be fortunate if he deposits a few dollars in the bank, but it is that man who will be honored and who will leave to his children an inheritance worth having. Thus it must be all along the line. I feel myself that there is no service that I can render my country which will not be willingly rendered. I have four sons in the army. I wish I had twice that number. Two of them have been over there nearly a year now—a year in July—in France. I do not know to-night whether they are dead or alive. They are probably with the British army in the thick of this fight. One of them was in the big fight at Cambrai and is with the British army now. I hope and pray with all my soul that they may live and come back safe and sound, but if fate be otherwise; if their bodies are to mingle with the soil of France, may they rest in the free France whose freedom they have assisted in securing, and may the foot of the Hun never pass above their graves.

CHICAGO TO GIVE PARIS A HOSPITAL.

A patriotic movement has been started in Chicago, known as the Paris "Chicago Hospital" Foundation, to present to Paris at the close of the present war a well-equipped hospital. It has been incorporated under the laws of Illinois and several thousand dollars have already been subscribed.

The letter of solicitation sent to the citizens of Chicago by the directors, says:

Representative citizens of Chicago and Illinois have undertaken to raise one thousand one-hundred-dollar subscriptions, as a beginning, and have had the Paris "Chicago Hospital" Foundation incorporated for the purpose of collecting, holding, investing and disbursing this fund. The money, as collected, will be invested in Liberty Bonds. The Peoples Trust and Savings Bank of Chicago has agreed to act as Trustee, to hold all bonds and moneys collected. The fund and the income derived therefrom will be kept intact by the Trustees until after the war. At the end of the war, plans will be immediately concluded to build and equip the "Chicago Hospital" in Paris. * * * The "Chicago Hospital" will be prepared to bring comfort and hope to the unfortunate victims of this terrible conflict and in so doing will call vividly to the minds of the people of France the fact that citizens of Chicago and Illinois are grateful for the loyal service rendered our nation in early days by the distinguished men of France.

Americans are not unmindful of what

we owe to France and we have been manifesting our profound sympathy for her since the war began. Our medical profession's sympathy especially has been shown, in a most practical way, by the many hospital units—each composed of a number of our ablest surgeons—that went abroad early in the war and have rendered most valuable service in saving the lives and quickly restoring thousands of sick and wounded soldiers to the ranks of the French and other allied armies. Since America entered the war we have been sending our tens and hundreds of thousands of men—and will send millions if needed—to join the allies' ranks and will give unstintingly our millions of dollars to sustain them and make for their comfort through Red Cross, Y. M. C. A. and other agencies.

But we should remember that what we are giving and sending to France now, we are really doing not only for France, but for ourselves as well, for the preservation of American liberty, American institutions and homes and for humanity's welfare, and we certainly should realize that the matchless bravery that France has exhibited at frightful cost all through the war has been for our defense as well as her own. When this war is ended France will need—is worthy of—all the help that America can give her. We should and will aid in the upbuilding of France and Belgium and, as far as ability permits, the other nations needing assistance.

This action of Chicago's citizens is most commendable and is worthy of being followed by other large cities of our country as one of the most practical ways of giving relief—upbuilding the sick and crippled soldiers and bringing comfort, and hope to the broken homes of France. It is one of the noble altruistic ways in which America, and especially the medical profession in America, delights to show patriotism and helpfulness. We repeat, *France is worthy of it.*

STATE HOSPITAL HEADS.

It has been asked—and very properly—why two courses have been adopted by the managers of our two State Hospitals, in the choice of the chief executive officer—one diametrically opposed to the other. At Trenton the warden was made chief executive officer, while at Morris Plains, the medical director was chosen as such officer. No explanation has been given. Surely the action at Trenton cannot mean that the intrusting of the care and well-being of near-

ly 2,000 patients is given to a layman. The medical director is largely responsible for the care and treatment that affects the lives and the physical and mental condition of the inmates of the institution, and it is his and his associates' skill and faithful work that gives the institution its reputation for efficiency and success. The *business* end of the hospital only, it would seem, should be under the warden's care; but because it is possible for the business end to, unconsciously interfere with the medical end to the patients' detriment, the two officers should work in perfect harmony, each seeking only the highest interests of the inmates and the credit of the State in its care of these helpless ones. Both these results will be secured by providing the best possible medical skill and care and the best, most practical business methods.

These are not days when the physician is seeking power and authority; for he is more conscious than ever of responsibility and is endeavoring to meet it, whether at home or abroad as a true physician and a patriotic citizen, and in no place is he exhibiting it more than in hospital service.

HONOR ROLL.

It has been impossible to secure yet an accurate Honor Roll. All lists thus far sent out have been exceedingly faulty and Major MacDonald, who has been kindly assisting and offers to do all he can, says it is impossible at present to publish a list without omitting names that ought to appear. Will our members kindly notify the Editor of all inaccuracies and omissions in the A. M. A. Journal, June 1, list and the list presented at our annual meeting. We desire the names of all who are in actual service or are awaiting orders and also of all who have been in service and have been honorably discharged.

Among the physicians present at the annual meeting, the following were reported as having been in practice for half a century or more. Their invariable habit of attending the annual meetings of the Society has helped to keep them young in appearance and action—fifty years in practice—Drs. Herman C. Bleyle, Newark; William J. Chandler, South Orange; David C. English, New Brunswick. Fifty-one years—Drs. Enoch Hollingshead, Pemberton; George R. Kent, Newark. Fifty-nine years—Dr. Thomas H. Tomlinson, Plainfield. If there are others the Editor would be pleased to hear from them.

Give our boys in the Army and Navy every fighting chance. Pledge yourself to save to the utmost of your ability and to buy War Savings Stamps.

Can you refuse to loan your savings when other men give their lives? Buy War Savings Stamps.

Medical Society Efficiency.

From the Western Medical Review.

The management of any corporate interest has two factors of vital importance to keep in mind, namely, investment and production. The former is essential to existence and the latter to perpetuity. The latter is largely governed by efficiency.

How is your State organization? You have invested in it, certain results will follow if efficiency characterizes its management. Are your officers efficient? If they are we know how your society is thriving, but if you have ceased to thrive we also know that your officials do not measure up to the requirements. If they do not, and they are re-elected year after year, then who is to assume the responsibility? Where is the fault? It certainly is to be deplored if your executive committee does not do its duty, but primarily the membership is to blame.

Would you elect and re-elect a set of directors for your bank, when you know they do not attend to the duties the position implies? Do you not think it is time to apply some business principles in your State society management; can you reasonably expect it to thrive if the officers are derelict in duty and you take too little interest to pay your dues, attend the meetings and see that you have manned your offices with men who will act and continue to act throughout the year?

A society may be strong, active and profitable if only a handful of members who are active and determined attend to the meetings. If this small number will work the society will grow, its influence be felt and the meetings not only pleasant, but profitable.

There are several of our State societies which need to think of these things and to act upon such suggestions. The society will not organize and run itself. If you pay your dues and do not attend, the cold dollar will do very little more good than you are doing.

You must be efficient in your practice, else you would not long be wanted in the homes of your patients. Why be any less efficient? We must recognize that the organization, the society, is a valuable asset, it has real value. Its value will appreciate or depreciate according to its management or in other words, in ratio to the efficiency of its officials and members, for you must remember that the officers ALONE do not constitute a society.

How many there are who gladly seek membership in our organizations when they are in need of a friend, when reciprocity is desired, or if recommendation for a position is necessary. If the society is not worthy of your active support why is its recommendation or influence desirable? On the other hand, if the organization is good enough, influential enough, to serve you in such instances as above, would it not seem more becoming for you to be a booster and a worker for an efficient State or-

ganization and a National body which has your interests in view at all times.

Universal Military Training.

New Orleans Med. and Surg. Jour.

The physician is essentially pacific, as his mission is primarily to conserve human life. This, however, does not make him a pacifist in the sense of the present use of the word, for the upholding of democratic principles and true liberty must in the end yield happier existence, greater progress, and longer lives, even if won at the price of sacrifice of life and treasure by this generation.

If he reflects, it will make him favor a conservative form of universal training: ultimately, because preparedness means prevention of war and saving of human life; presently, because training for our young men means physical improvement, broadened vision and the bringing of the classes to a better understanding of the problems of each.

Does any one who reflects think that France could have done what she has done and fought as she has fought if she had not had universal military training? The question answers itself and of itself should make medical men favor universal military training for this country and champions, as experts, of the Chamberlain Bill providing for it.

A Good Soldier—None Better.

From the New York Tribune.

"There are none better in any army in the world," said General Wood of his soldiers of the 89th Division—his no longer—as they marched in review for the last time before him. We can say the same of their leader. General Wood took his heart-breaking recall like the good soldier that he is—there is none better in any army in the world. No suggestion of complaint was in his farewell. "The only thing to do is to do the best we can—all of us—to win the war," were his final words.

Throughout General Wood has borne himself like the true leader of men that he is. Indignation in his behalf was rife in the 89th Division. A lesser man could not have helped, in some degree, fanning the blaze. To the contrary, General Wood turned the episode into the largest moral illustration of a soldier's duty—vitalizing his sermon by his own act. We all know that General Wood will go back to Kansas and repeat his extraordinarily successful labors of training green recruits into real soldiers with undiminished enthusiasm.

The one colossal loser from the episode is not the 89th Division, nor General Wood, but the United States of America. It is valuable work that General Wood is graciously permitted to continue at Camp Funston. But what of France! Where in the history of the world was there ever so urgent a call for a great-hearted leader and inspirer of men!

Mobilizing Medicine.

From the Camden Daily Courier.

Scientific experts are rendering such effective service to the government in connection with the war as to cause amazement, even on the part of those in the profession. In Washington to-day it is declared that one is taken aback by the resources of training and experi-

ence which are being placed at the service of the United States. From all directions they come and they include men of the very highest rank in the professions.

Medical men of profound knowledge are here and "over there" doing things and learning things that will be of the greatest value to mankind. They are learning how to safeguard the health of large numbers of human beings in comparatively small areas and to provide proper sanitation for large communities; to fight hidden diseases that count their victims by the hundreds of thousands in peace times, and to perform their routine duties in wholesale fashion and thus obtaining the widest and deepest clinical experience.

In very truth the army of doctors and surgeons has been mobilized more effectively, in a sense, than any other branch, although it has taken the better part of the year of war to accomplish it, what with the blunder in the beginning in failing to exempt medical students from the draft until such time as they had graduated and other crinks that have since been straightened out. It is certain that when the war is over (and God speed the day) the army of practitioners will know considerably more about how to keep the human family well and fit. In addition, they will have thousands of able lay assistants in the persons of the young soldiers who must of necessity absorb much of the knowledge of hygiene, sanitation and other essentials in conserving the public health.

LAWS OF 1918.

Relating to the Protection of the Health of the Inhabitants of the State.

The following compilation from the Volume of Laws of 1918—1279 pages—has been made by Counselor Otto J. Strasser for the benefit of the members of our Society and we thank him for the helpful information given us.—Editor.

Chapter 9, Page 66.—An act to amend an act entitled "An act regulating the age, employment, safety, health and work hours of persons, employees and operatives in places where biscuits, pies, bread, crackers, cakes, macaroni and other foodstuffs, confectionery, candy, ice cream or frozen sweets are manufactured or made for the purpose of sale, and providing for the sanitation, sanitary condition and licensing of such places," approved March twenty-first, one thousand nine hundred and twelve.

Chapter 13, Page 75.—An act to amend an act entitled "An act to regulate cold storage of food and the sale or distribution of articles of food after cold storage," approved March sixteen, nineteen hundred and sixteen.

Chapter 19, Page 80.—An act to amend an act entitled "An act to regulate the practice of pharmacy in this State," approved March nineteenth, one thousand nine hundred and one.

Chapter 23, Page 90.—An act to provide for the examination and licensing of superintendents and operators in charge of water purification or treatment plants and sewage treatment plants under the direction of the Department of Health of the State of New Jersey.

Chapter 30, Page 105.—An act to amend an

act entitled "An act concerning tuberculosis," approved March twenty-eighth, nineteen hundred and twelve.

Chapter 39, Page 122.—An act to authorize the Department of Health of the State of New Jersey to make analyses of water, food, drugs, pathological materials and similar substances for persons, corporations and institutions in this State.

Chapter 90, Page 225.—A further supplement to an act entitled "An act regulating the receipt and disbursements of State moneys in certain cases," approved October thirty-first, one thousand nine hundred and seven.

Chapter 133, Page 310.—An act to provide for the licensing, regulation and inspection of public eating houses and places, and the posting of ratings of such public eating places, in municipalities of this State.

Chapter 157, Page 454.—An act to amend an act entitled "An act concerning contagious and infectious diseases among cattle; regulating the importation of cattle into this State and providing measures to check the spread of diseases among cattle in this State; creating the Commission on Tuberculosis Among Animals, prescribing its powers and duties and fixing penalties for violations of this act," approved April twenty-fourth, one thousand nine hundred and eleven.

Chapter 160, Page 463.—An act to amend an act entitled "An act providing for the licensing and bonding of all dealers in milk and cream who purchase from or contract with producers in this State or who receive milk or cream from such producers for shipment, sale or manufacture," approved March twentieth, one thousand nine hundred and seventeen.

Chapter 165, Page 489.—An act to amend an act entitled, "An act to secure the purity and wholesomeness of shellfish," approved February twenty-ninth, one thousand nine hundred and twelve.

Chapter 167, Page 491.—An act to amend an act entitled "An act concerning local boards of health and employees thereof in cities in this State, and for the relief of such employees," approved April second, one thousand nine hundred and thirteen.

Chapter 171, Page 503.—An act to repeal section six of an act entitled "An act to establish in this State boards of health and a bureau of vital statistics, and to define their respective powers and duties," approved March thirty-first, one thousand eight hundred and eighty-seven.

Chapter 209, Page 759.—A supplement to an act entitled "An act for the protection of the public health," approved March twenty-second, one thousand eight hundred and ninety-five.

Chapter 228, Page 834.—A supplement to an act entitled "An act regulating the appointment of members of the Board of Medical Examiners, pursuant to an act entitled 'An act to regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof,' approved May twenty-second, one thousand eight hundred and ninety-four; members of the Board of Architects, pursuant to an act entitled "An act to regulate the practice of architecture," approved March twenty-fourth, one thousand nine hundred and two; members of the Board of Undertakers and Embalmers,

pursuant to an act entitled 'An act to regulate the practice of embalming, burial and disposal of dead human bodies, to license undertakers and embalmers, and to punish persons violating the provisions thereof,' approved May twelfth, one thousand nine hundred and six; members of the State Board of Veterinary Medical Examiners, pursuant to an act entitled "An act to regulate the practice of veterinary medicine, surgery and dentistry in the State of New Jersey, to license veterinarians, and to punish persons violating the provisions thereof," approved March seventeenth, one thousand nine hundred and two; members of the New Jersey State Board of Optometrists, pursuant to an act entitled 'An act to regulate the practice of optometry, to license optometrists, and to punish persons violating the provisions thereof,' approved April seventeen, one thousand nine hundred and fourteen; members of the State Board of Registration and Examination in Dentistry, pursuant to an act entitled 'An act to regulate the practice of dentistry in the State of New Jersey, and to repeal certain acts now relating to the same,' approved March thirty-first, one thousand nine hundred and fifteen; members of the State Board of Examiners of Nurses, pursuant to an act entitled 'An act to regulate the practice of nursing in the State of New Jersey, to register nurses with the privilege of using the abbreviation "R. N.," and to punish persons violating the provisions thereof,' approved April first, one thousand nine hundred and twelve, and the various acts supplementary and amendatory to the acts hereinabove recited, and to fix the compensation and allowances to members of said board," approved March thirty-first, one thousand nine hundred and seventeen.

Chapter 229, Page 836.—An act to amend an act entitled "An act to secure the purity of the public supplies of potable waters in this State," approved March seventeenth, one thousand eight hundred and ninety-nine.

Chapter 253, Page 960.—An act for the control and prevention of infectious venereal diseases.

Chapter 258, Page 985.—An act defining mattresses, regulating the making, remaking and sale thereof, prohibiting the use of unsanitary and unhealthful materials therein, requiring that the materials used shall be accurately described, and prescribing the manner in which mattresses shall be labelled, and providing for the enforcement of the provisions of this act.

Chapter 263, Page 995.—An act to amend an act entitled, "An act relating to the propagation, planting, preservation and gathering of clams and oysters in the tidal waters of this State, and enlarging and defining the powers and duties of the Board of Shell Fisheries" approved March twenty-fourth, one thousand nine hundred and seventeen.

Chapter 272, Page 1014.—An act to amend an act entitled "An act concerning tuberculosis," approved March twenty-eighth, one thousand nine hundred and twelve, as amended by an act entitled "An act to amend an act entitled 'An act concerning tuberculosis,' approved March twenty-eighth, one thousand nine hundred and twelve," which amendment was approved March twenty-seventh, one thousand nine hundred and seventeen.

Special War Items.

Orders to Officers of Medical Reserve Corps.

Capt. Horace D. Bellis,* Trenton, to the University Hospital, Philadelphia, for instruction, thence to Camp McClellan, Anniston, Ala., base hospital.

Lieut. Charles E. Born, West Hoboken, to Camp Colt, Gettysburg, Pa., for duty.

Lieut. Irwin E. Deibert, Haddon Heights, to Camp Jackson, Columbia, S. C., base hospital.

Lieut. John H. E. Fust, Carney's Point, to Colonia, N. J., for duty.

Lieut. Charles N. Kaighn, Stratford, to Otisville, N. Y., for duty.

Lieut. Arthur C. Largay and Lieut. Edward A. Murphy, Jersey City, to Camp Meade, Annapolis Junc., Md., base hospital.

Lieut. Mather S. Levitas, Newark, to Hoboken for duty.

Lieut. Walter C. Liebmann, Newark, to Hoboken for duty.

Lieut. Alexander J. McCrea, Upper Montclair, to Northwestern University, Chicago, Ill., for instruction.

Lieut. John F. McGovern, New Brunswick, to Fort McPherson, Ga., for temporary duty.

Capt. Frederick M. Paul,* Newark, to Bellevue Hospital, N. Y., for instruction, thence to Camp Wheeler, Macon, Ga., base hospital.

Lieut. Charles Rich, Newark, to Hoboken, for duty.

Lieut. Walter M. Schmidt, Cliffside, to Army Medical School for duty.

Lieut. F. D. Sherwood, Jersey City, to Camp Dix, for duty.

Lieut. Elmer W. Smith, Passaic, to Fort Des Moines, Iowa, base hospital.

Lieut. J. J. Szymanski, Passaic, to Camp Crane, Allentown, Pa., base hospital.

Lieut. W. L. Thompson, Jersey City, to Camp Jackson, S. C., base hospital.

Lieut. F. J. Van Noort, Paterson, to Hoboken, for duty.

Lieut. Harold F. Westcott, Bridgeton, to Williamsburg, N. Y.

Lieut. Samuel Barishaw, Jersey City, to New Haven, Conn., for duty.

Lieut. Hugh S. Chidester, Hoboken, to Camp Crane, Allentown, Pa., base hospital.

Capt. Henry Cogan,* Paterson, to Camp Dix, for duty.

Major Harold D. Corbusier,* Plainfield, to Camp Meade, Annapolis Junc., Md., as orthopedic surgeon.

Lieut. Earle R. Davis, Haddon Heights, to Camp Jackson, Columbia, S. C., for duty.

Lieut. Alonzo W. Little, Jersey City, to Otisville, N. Y., for duty.

Lieut. Irwin Markowitz, Jersey City, to report to commanding general, Philippine Dept., for duty.

Lieut. Jesse R. Patton, Long Branch, to Hoboken, base hospital.

Capt. Harry C. Reynolds, Passaic, to Hoboken, base hospital.

Lieut. Louis C. Rosenberg, Newark, to Camp Wadsworth, Spartanburg, S. C., base hospital.

Lieuts. Donald A. Curtis and Thomas L. Caldrony, Hackensack, have been called to active duty at Fort Oglethorpe, Ga. They had completed their year's internship at the Paterson General Hospital.

Received Commission in the M. R. C.

Captain Norman W. Currie,* Plainfield.

Lieut. Ralph D. Denig,* Hackensack.

Lieut. Archibald E. Olpp,* West Hoboken.

Lieut. William A. Tansey,* Newark.

Lieut. Charles P. Defuccio, Jersey City.

Lieut. Charles B. Porn, West Hoboken.

Lieut. Henry M. Reilly, Summit.

*Members of the Medical Society of New Jersey.

Commissions Accepted.

R. N. Abels, Jersey City.

Samuel Barishaw, Jersey City.

George E. Gallaway,* Rahway.

J. A. Holland, Montclair.

W. C. Meagher, Montclair.

Alex. Reingold,* Hoboken.

T. J. Riordan, Jersey City.

Promotions in the Medical Relief Corps.

The following have been promoted as majors since April 1st:

George C. Albee, South Orange.

Richard Bew, Atlantic City.

William A. Clark, Trenton.

Lucius F. Donohue, Bayonne.

Jesse D. Lippincott, Newark.

Morris Z. Potts, Trenton.

The following have been promoted as captains:

Frederick L. Baker, Arglen.

Horace B. Dean, Andabon.

Edward P. Essertier, Hackensack.

Joseph Louis Garies, Trenton.

Henry G. Smith, Cedar Grove.

Clarence LeF. Vreeland, Pompton Lakes.

Raymond J. Mullin, Newark.

Major MacDonald on General Medical Board.

Major Joseph MacDonald Jr. of East Orange, president of the examining board of the New Jersey Medical Reserve Corps, has been appointed a member of the General Medical Board by Secretary of War Baker. The latter board, on which serve prominent medical men from different sections of the country, was named to co-ordinate civilian and military activities and advise on fundamental problems of national defense. Dr. MacDonald intends to continue as president of the examining board.

American Surgeons in France.

Col. Herbert A. Bruce, consulting surgeon to the British Army in France; Sir James Mackenzie and Sir W. Arbuthnot Lane were delegates from the British Medical Association to the American Medical Association at the annual meeting in Chicago, last month.

Col. Bruce, after referring to the American troops at the front as "a magnificent lot of fellows who will give a good account of themselves," he spoke of the American surgeons in France in terms of highest praise, mentioning especially those of the various units that had gone from the leading cities of America. In speaking of the Presbyterian Unit of New York as one of the best in France, he mentioned with special praise several of its surgeons by name, among whom was Major Fordyce B. St. John, son of the late Fellow of our State Society, Dr. David St. John of Hackensack.

Glad to Hear From France.

Lieut. Clarence S. Janifer, Newark, sends us a souvenir, a postal card, on which is a picture of ruined buildings in France, dated May 16, 1918. The censor has cut off part giving description of the locality. The doctor says: "Thanks for the April number of Journal. Am up here where things are doing. The postal is a scene of one of the great fights. General Pershing and staff inspected our outfit the early part of this week."

(Glad our Journal goes to France among our members who are doing splendid work there. Thanks, doctor, will always be glad to hear from our men "over there." Journal sends greetings and wishes for highest success and safe return.—Editor).

Germans Destroy Dr. Carrel's Hospital.—The hospital established near the front by Dr. Alexis Carrel of the Rockefeller Institute has been persistently bombed by German aviators and almost demolished. The hospital constantly flew a flag bearing a large red cross and an immense white cross on the lawn served as a further mark of identification. Dr. Carrel will install his hospital in Paris or the suburbs.

Dr. Carrel's New Hospital.—Dr. Alexis Carrel, whose hospital at the front was recently destroyed by the Germans, is building a new hospital at Noisiel, where he will continue his experiments and treat the gravest cases of wounded. He is also organizing laboratories at St. Cloud, where he will study treatment of hemorrhages of the stomach.

War Medals for American Doctors.—It is reported from France that more than thirty American doctors have been recommended for the American Distinguished Service Medal in recognition of great bravery. The army regulations forbid the mention of the names of these heroes until the recommendations for the granting of the medals have been approved.

Vanderbilt Home for Hospital.

Mr. and Mrs. W. K. Vanderbilt Sr. have offered the Idle Hour estate at Oakdale, N. Y., to the American Red Cross to be used as a convalescent hospital for soldiers. It is estimated that 1,500 patients could be accommodated on the estate.

Gives House to Red Cross.—Jacob H. Schiff has given a house on his estate near Seabright, N. J., to the War Department and the Red Cross to be used as a rest home for nurses worn out by service at the front. The house is ready for immediate occupancy and will soon be taken over by the Red Cross.

American Hospital Near Front Lines.—A report from the American Army in France to the Associated Press describes some of the work of the American Hospital units near the front. They have won high praise by the establishment of a non-transportable field hospital only a short distance from the front line, the first of its kind to be introduced. With this hospital and equipment it has been possible to perform operations that hitherto have been impractical at the front, and they have thereby been able to save the lives of many

more soldiers than could otherwise have been done. Of 155 cases recently admitted, operations were performed on 118 men and the mortality was only 30 per cent., whereas under the former methods a mortality of 80 to 90 per cent. would have been expected.

"Somewhere in France."

"Yes," said a well-known New York surgeon a few months ago, "I have accepted a commission in the Medical Reserve Corps, and yesterday received word that I was to leave for 'somewhere in France.' It means just about the most complete readjustment in my affairs and my way of living that any one could imagine. My income has averaged for the past five years close to fifteen thousand dollars a year. We have lived right up to it. How I am going to get along on three thousand, and support my family, I have not been able to figure out. Of course, I have given up this house, that we have lived in for the past ten years, and," smiling ruefully, "I understand it was snapped up at once by another doctor. My wife and the two boys are going to live with her folks in a nearby town. I feel the worst over the necessity of giving up our home, for I know what it has meant to my wife. But she agreed with me that if the country needed me, and I could be of real service, there was only one thing to do—no sacrifice was too great. So, it's all settled.

"Don't think I haven't spent many a sleepless night, or that I haven't seen the tears well up into my wife's eyes more than once. This pulling things "up by the roots," and imposing hardships on your loved ones, makes one question if it is, after all, the right course to take. Sometimes I have wondered how I could possibly afford to do it. Then when I have thought of the urgent need for experienced surgeons, of the wounded men who had risked all in this fight for the principles we believe in, I have always reached the conclusion that I could not afford not to go, and do my part. I could not stand the loss of self-respect, the feeling that would be with me forever if I failed to do what seems to be a real duty.

"It is true, I can't 'afford' to give up my business, to deprive my wife and children of their home, and to isolate them in the country, but bigger and more insistent than all these, is the other fact that I cannot afford to neglect the call of my country."

Yankee 'Nerves' in Army Service.

When large bodies of American troops have gone into battle on the western front it will be interesting to note how Yankee "nerve" and nerves behave under the strain. While there need be no apprehension about Yankee "nerve," the question of nerves may prove serious. Practically every other country engaged in the conflict has had to combat the problem of war nerves, and large numbers of cases of mental disorders, functional and organic, have made necessary the presence of physicians skilled in the treatment of mental cases, who now form part of the rapidly growing neuropsychiatric service. Strange and baffling nervous and mental conditions have occurred among the stolid Russian troops, among the dogged Britishers and the more temperamental French and Italians as well as

the phlegmatic Germans. Of the total number of soldiers invalided to Canada, 10 per cent. have been nervous and mental cases.—Ohio State Med. Jour.

Divisions Restored to Army by Surgeons.—

The Associated Press correspondent at the French front says: Marvels are being performed by the surgeons attached to the various Entente armies. By exercising their skill they have restored to the fighting strength of the Allied nations each year since the beginning of the war whole divisions of men who in other wars would have died of their wounds or would have been crippled for life. The recent gigantic battles, as the result of which more wounded men than ever before have received surgical treatment within a short space of time, have demonstrated the immense strides made not only in surgery, but in the methods of removing the wounded from the battlefields and transporting them to hospitals. So effective is the co-operation between surgeon and physicians at the front and those at the hospitals in the rear that an immensely larger proportion of the wounded recover than was the case at the beginning of the war. * * *

Men whose legs or arms have been fractured by shells now are restored to their regiments in a minimum of time. This is due mostly to the fact that they receive prompt antiseptic treatment and surgical attention, which prevents blood poisoning and the stiffening of articulation. Their recovery is rapid in the hospitals behind the lines, where they can be treated under comfortable conditions far from the nerve-wrecking sound of the guns. Promptness in the treatment of wounded men has been obtained by segregating them in classes according to the nature of their wounds. By these divisions of the wounded into classes, it is asserted, great rapidity of surgical intervention is achieved, as each specialist deals only with cases needing his kind of skill. This system of segregation of wounded and co-operation of doctors is said to have produced marvellous results.

Cheer for Sick and Convalescent Soldiers.

To bring to the sick or convalescent soldier and sailor the brightness and cheer that he needs for his quick recovery, the National War Work Council of the Y. M. C. A. has announced an agreement into which it has entered with the American Red Cross whereby the Young Men's Christian Association places its entire programme of social, recreational, educational and religious activities at the disposal of the Red Cross in Army and Navy base hospitals of the United States. Plans are being perfected for the erection by the Red Cross of what will be known as convalescent-houses at each Army and Navy base hospital and general hospital in every big contention and military center in the country, and a number of Y. M. C. A. workers will be detailed to carry on the work under the direction of the Red Cross.

Casualties in the American Army in France.

—The casualty list given out in Washington shows that from the time of the engagement of the American Army in actual warfare in the French front until April 26, 552 men have been killed in action and 128 have died of wounds. During this same period 945 have

died of disease, 198 of accident, and 94 from other causes. There have been 467 severely wounded, 1,654 slightly wounded, and 86 are reported as missing.

Government Call for Nurses.—Secretary of War Baker last month, through the American Red Cross, called upon the general public, civilian hospitals and training schools to co-operate actively to insure an ample supply of nurses to meet the needs of the army and navy. He said:

"The greatest humanitarian duty which we owe our army, once it has been armed and sheltered, clothed and transported, is to conserve its health and vitality, and to bind up the wounds which unhappily, but inevitably, must come to it. That this service may be performed most effectively and most speedily, it is necessary that hospitals continue their co-operation in releasing to the paramount military service whatever members of their staffs may be spared without peril to their clientele; that training schools continue to adapt themselves to increasing numbers of students; that civil communities be more and more watchful in the enforcements and promotion of measures for safeguarding the public health; that individuals that have been used to employing private duty nurses in their homes should rely, whenever possible, upon hospitals and 'visiting nurses' agencies, which permit one nurse to care for a number of patients."

Hospitals Discourage Needless Nurse Service.—Responding to the call of the Red Cross for the services of all available graduate nurses, most of the hospitals have begun campaigns to discourage the use of special nurses except where they are absolutely essential to the welfare of patients. Even in these cases pupil nurses are to be substituted as early as the condition of the patients will permit the change. The importance of using the graduate nurses in war work was stressed by Dr. Edward J. Ill in a letter printed in the Newark News recently and in each instance where it was possible to communicate with either the superintendents of hospitals or the heads of training schools for nurses approval of his views was found.

Forty Orange Nurses Volunteer.

While an audience sang "Onward, Christian Soldiers" to band accompaniment, forty nurses of the Oranges enrolled for overseas war service Sunday afternoon, June 9th, in the East Orange High School at a rally arranged by Orange Chapter, Red Cross. The quota of the community, as recently announced by the Atlantic Division, was twenty-five. The enrolment was preceded by addresses by Rev. Dr. Robert Brewster Beattie, pastor of the Munn Avenue Presbyterian Church of East Orange, and religious director at Camp Merritt, and Miss Elizabeth Burns, who has seen war service and who, as a passenger aboard the Titanic when it was sunk, helped to care for suffering survivors.

Montclair Rally to Recruit Nurses.—All the Red Cross chapters in the district served by Mountinside Hospital joined in a meeting held Sunday evening in the Montclair Theatre in

the interest of the campaign to enroll registered trained nurses in the Red Cross and to offer to young women who are not yet trained, opportunities to become nurses.

Miss Madeline Jaffray, a nurse, who has just returned from abroad, where she was given the Croix de Guerre, having enlisted as a volunteer early in 1915, addressed the meeting. She served in one of the largest base hospitals in France, and later in a front line hospital for a year, where she was wounded in 1917 by a bomb from a German airplane.

Dr. James S. Brown, head of the Mountain-side Hospital staff, also made an address.

The Army Nurse Corps.—The strength of the Army Nurse Corps on May 6, 1918, was 9,824, and of this number 3,488 are in service in France or awaiting transportation. These nurses are all women and are all on active duty. On the basis of the present size of the United States Army, the Surgeon General's office computes that at least 24,000 nurses will be needed by January, 1919. If the rate of enrollment since January 1, 1918, continues through the year it will furnish only 21,338 nurses. The Surgeon General's office estimates that the rate of enrollment should be increased in order to meet the additional needs which will result from the large increase in the size of the American Army.

Care of Tuberculous Soldiers and Sailors.—Plans have been completed for giving proper care to members or prospective members of the United States Army who are found to be tuberculous. The Surgeon-General's Office has delegated the National Association for the Study and Prevention of Tuberculosis to receive the lists of names of all men thus rejected either by draft boards or after the men have reached training quarters and before they have completed their probationary period and become fullfledged soldiers or sailors. These names will be forwarded to State anti-tuberculosis and public health agencies and Red Cross offices nearest the men's homes. Local agencies will then follow up the cases and see that they receive proper care.

Work for War Cripples in Pennsylvania.—A recent estimate, made by the Bureau of Employment of the Pennsylvania Department of Labor and Industry, indicates that 42,111 soldiers, sailors and marines, crippled or permanently disabled in war service, may obtain in that State suitable employment there. A system of card files shows just where these men can be placed.

United States Navy Medical Department in the First Year of the War.

Having to take charge of the health of 300,000 men scattered all over the world, under widely varying temperature conditions, from a naval station in the tropics to a torpedo boat in the British Channel, this humanitarian and civilizing work has not only gone on uninteruptedly for the year, but it has increased in scope, for thousands of civilians in navy yards and stations have received the best of care. More than 10,000 patients were treated and many hospital improvements completed. We now have four hospital ships with beds suffi-

cient for present needs, a total of 1,875 medical officers in place of 375 as of old, and 245 dental surgeons in place of the former 30. Nurses have increased in number from 160 to 880, and the Hospital Corps from 1,600 to 7,000, with 100 medical and dental students subject to call. Twelve thousand navy beds in hospitals of all sorts have become available, and in the wards of various institutions affiliated with the service are 3,000 additional beds ready at any time.

COUNCIL OF NATIONAL DEFENSE.

To County Committees, Medical Section. Subject: "Transmissible Diseases."

Transmissible diseases have been carried into many camps by drafted or enlisted men, and especially by men home on leave of absence. The Public Health Service, therefore, after conference with army sanitary authorities, has drawn up a plan for the notification of camp medical officers. You can assist in seeing that the members of your community understand this plan, and facilitate it by exercising special care in reporting their cases of communicable diseases to the proper health authorities. The new plan of notification is as follows:

1. "The physician should make an immediate report to the local health authorities who should notify (by telephone or telegraph if necessary) the Senior Medical Officer of the camp or post to which the selected man or soldier may become a menace. A duplicate notification should be made by the local authorities to the State health authorities.

2. "If there be no health authority having jurisdiction, the physician should notify (by telephone or telegraph if necessary) the State health officer who should notify (by telephone or telegraph if necessary) the Senior Medical Officer of the camp or post to which the selected man or soldier is about to go.

3. "The notification should be explicit, giving name of selected man or soldier and other identification data together with his address and the nature of the disease.

4. "The notification of the Senior Medical Officer of the camp or post by the local or State health authorities should be in addition to the present procedure in such case."

By direction of Dr. Franklin Martin.

John D. McLean, Major, M. R. C.

Organization of Volunteer Medical Service.

The General Medical Board of the Council on National Defense has started a campaign to organize all physicians ineligible for camp or field duty into a Voluntary Medical Service Corps. The members of this corps will be classified according to their ability to serve and will render aid to existing governmental agencies upon request of the Army, Navy, or Public Health Service, American Red Cross, or Council of National Defense. It is hoped that every physician who is unable to enroll in the Medical Reserve Corps will join the Volunteer Medical Service Corps. Applicants for service in the Medical Reserve Corps who have been rejected because of physical defects that may be overcome are urged to have such defects remedied and therefore become eligible. The general management of the Volunteer Medical Service Corps is vested in a Cen-

tral Governing Board, which is a committee of the General Medical Board of the Council of National Defense. The procedure for joining is simple. The applicant returns his filled blank to the Central Governing Board in Washington, and it is then referred to the proper State Executive Committee for its recommendation as to the qualifications of the applicant, and as to the kind of work for which he seems most fitted.

Surgeon-General Must Sanction Students' Joining Medical Corps.

Enlistments in the medical reserve corps of medical, dental or veterinary students hereafter will be permitted only when the applicant has permission from the Surgeon-General, as evidenced by authorization for enlistment issued from the office of the Surgeon-General. Instructions to this effect were received at the army recruiting office, 86 Park place, Newark, May 8th, from the office of the Surgeon-General, revoking a previous order allowing recruiting officers to accept such students for the corps when they presented an affidavit from the dean of the school they were attending, or his authorized agent, showing that the applicants were bona fide students in the regular course of the school.

Conserving Efficiency of Hospitals and Medical Schools.

Surgeon-General Blue of the Public Health Service has called attention to perhaps the most important aspect of the war's effects, present and potential, upon the medical fraternity. He has pointed out that if medical standards are not to be lowered we must conserve particularly the efficiency of the teaching staffs of the hospitals and medical schools. This goes directly to the heart of the whole problem in its broader aspects. Already the teaching staffs of many of our foremost medical schools have been seriously cut into. It is asserted that men of special attainments are doing advanced hospital work on the battlefields that could as well be done by younger surgeons. Men like Carrel of the Rockefeller Institute and Young of the Johns Hopkins are serving in positions which only their expert knowledge will fill. But dressing station work and ambulance service in general can well be left to the younger surgeons.

Three Members of Kraker Family in Service.

With one son a major in the army and a daughter doing Red Cross nursing in France, Max Kraker, Newark, has offered the services of his only other son to the aviation section of the army. The members of the Kraker family in the service are, Major David A. Kraker, formerly a member of the staff of the City Hospital; Miss Teresa Kraker, a graduate nurse of the Johns Hopkins Hospital, and the other who will soon be in the service is Jerome Kraker. The latter is awaiting call to the aviation branch as a photographer. Of the trio, Major Kraker probably is the best known. Since the declaration of war he has been stationed in Newark as president of the examining board of the army medical reserve force. He was recently transferred to Camp Greenleaf, Ga., and recently a letter arrived at the Kraker home announcing that he had been

given command of a base hospital at the camp.

Major Kraker is not new in the army game, having enlisted in the medical reserve eight years ago. He was at the Mexican border during the trouble there before the world war. He has been practicing medicine in this city for more than fifteen years.

Miss Kraker wrote to her parents recently that she had just received her second service stripe from the government for active service. She has been on the battle line since June 5 of last year and was to spend her first furlough in Nice this month. Jerome Kraker is at present in the filming end of one of the large moving picture concerns. He enlisted about a month ago in the aviation service for photographing work.

Living Expenses in Camp.

What expenses does one have in camp? Very little, after one's outfit is completed. Mess bills are generally \$1 a day, or \$30 a month. Soap, matches, tobacco, cigars or cigarettes, newspapers, postage stamps, stationery, all depend on individual taste as at home. An occasional trip to town with a dinner and a moving picture show is not very expensive dissipation, especially to those used to city prices. Laundry at the Post Laundry is cheap and generally good. Probably \$50 or \$55 a month would cover all necessary expenses, including mess bills.

Allowance must be made for difference in prices in different localities as well as individual taste. The articles recommended and the prices quoted above are based on nine months' experience in training camp, three as a student officer and six as an instructor. They are not intended to be dogmatic, but merely as suggestive opinions for the guidance and help of those about to enter the service.

(The above is given by Major F. R. Green, M. R. C., as part of an article on The Medical Officer's Outfit, in the May 18, A. M. A. Journal.—Editor).

Narcotic Inquiry in Camps.—Dr. Charles R. Rosewater of Newark, N. J., recently submitted to Secretary Baker a survey which he made of the Southern States for the Alabama and Georgia Boards of Health with reference to the use of narcotic and habit-forming drugs. The report states that the Harrison law is inadequate to cope with the illegitimate traffic in habit-forming drugs and cites a purchase of 200 ounces of cocaine for export which it is believed ultimately reached American soldiers. Dr. Rosewater urges a thorough investigation of the army camps in reference to the use of narcotic drugs.

Deliberate Bombing of Hospitals Continues.

—With the renewal of the German offensive come reports of several air raids on hospitals. Among these was an attack on a Canadian Hospital, which exacted a considerable toll of casualties. Among those killed was an American medical officer who was administering an anesthetic to a British officer in the operating room. This hospital was a large one marked by huge Red Cross signs. Several apparently deliberate attempts have also been made to destroy American hospitals behind the lines in Picardy. Bombs were dropped on one hospi-

tal in which there were scores of American wounded and hundreds of French sick and wounded. As the wounded continued to be brought to the hospital the surgeons worked on through the night in the midst of the attack.

Fourth of July Observance in Paris.

The United States Army Ambulance Service with the French Army has arranged for a special Fourth of July entertainment for all the wounded Allied soldiers in Paris on the evening of that day. The large number of American ambulances in the city will be requisitioned to carry the wounded from all hospitals. Special arrangements have been made for removing every one as speedily as possible to shelter in case of an air raid. American base hospital authorities have agreed to stop as far as possible the removal of American wounded from Paris on that day, so that the men can attend. The program includes plenty of music, acting and singing by French and American theatrical and operatic stars and four boxing bouts between American ambulance men and French boxers.

Therapeutic Notes.

Barber's Itch.

A good paste of medium strength is this:

Tannic acid, 10 to 24 grs.
Precipitated sulphur, 24 to 48 grs.
Zinc oxide, 1 dram.
Starch, 1 dram.
Petroleum, enough to make 1 ounce.

A stronger application:

Mercury oleate (5 per cent.) 7 drams.
Zinc oxide, 2 drams.
Salicylic acid, 15 grs.
Ichthyol, 15 grs.
Starch, 2 drams.
Petrolatum, $\frac{1}{2}$ ounce.

—Dr. E. A. Fischkin, Clin. Med.

Impotence.

Ferri pyrophosph. gr. v.
Strychninae sulph., gr. 1/60.
Sodii arsenitis, gr. 1/60.
M. Ft. Caps. No. 1 Tal. Dos lx.

Sig.: One three times a day after meals.

Zinci phosphidi, gr. v.
Ext. nucis vomicae, gr. xx.
Mt. ft. pil. No. xl.

Sig.: One three times a day after meals.

A pill composed of 1/50 grain of phosphorus and $\frac{1}{4}$ grain of nuxvomica is an excellent combination. The principal objection to the use of phosphorus is the offensive eructations and gastric disturbance it sometimes produces.—Dr. G. Frank Lydston.

Lumbago.

Dr. Whitla uses the various types of salicilates for relief of the pain, such as aspirin 15 gr., salicin 20 gr., salophen 10 gr., or salol 10 gr., given three times daily, usually with plenty of water to drink, and the following application applied on lint over the affected part of the back:

Liniment. belladonnae, 5ij.

Liniment. aconiti, 5iss.

Liniment. chloroformi, ad. 5vj.

M. Sig.: For external use.—Dictionary of Treatment.

Constipation.

Aloes,

Sodium chlorate, aa gr. xv.

Cocoa butter, qs.

M. Sig.: For one suppository, to be used at bedtime.

Eczema and Other Irritating Dermatoses.

Bismuthi oxidi, 5ij.

Acidi oleici, 5ij.

Cerae albae, 5vi.

Petrolati, 5ij 5ij.

Olei rosae, mi.

M. et fiat unguentum.—McCall Anderson.

Macroparasitic Skin Disease Ointment.

Dr. Pied offers the following modification of Reclus' ointment:

Glacial carbolic acid,
Salicylic acid, aa 1.
Resorcinol, 2
Camphor (powdered),
Antipyrine, aa 5.
Balsam of Peru, 6.
Vaseline, q.s. ad 100.

The carbolic acid, salicylic acid, resorcin, and camphor should be dissolved in a small quantity of alcohol. The antipyrine is dissolved in its own weight of sterile water. The mixture is incorporated with the vaseline, and the balsam of Peru thoroughly mixed with it in a mortar.—The Practitioner.

Dysentery—Intestinal Hemorrhage In.

Dr. E. Maret advises the use of the following for controlling hemorrhage:

Plumbi acetat, 10 grains.
Gummi arabic, 1 oz.
Alb. ovi, No. V.
Aq. dest. ad, 1000 c.c.

M. Ft. emulsio.

S. A. tablespoonful every two hours.

Intrathoracic Sepsis.—A Cyllin Mixture in.

Drs. W. Gordon and M. E. Gates, in the British Med. Jour., cite two more cases in which they obtained very satisfactory results from the use of the following mixture:

Iodoform, gr. v.
Cyllin, min. x.
Olive oil, min. v.

Their first case, reported some years ago, was one of the apparent cure of pulmonary gangrene by injection into the lung tissue of this mixture. The two now reported are of foul, septic empyema, both of which seemed to respond most favorably to the packing of the cavity with gauze soaked with the mixture. A third case is mentioned in which intrathoracic sepsis following a gunshot would responded well to the treatment.

Intestinal Indigestion.

A careful study, investigation, and regulation of the diet is necessary. Ferments given with the meals, or predigested food for a certain length of time, gives relief. Pancreatin, given in 5 to 10-grain doses with bicarbonate

of soda, and alkaline mineral waters are advisable when the urine is concentrated and acid. Constant abdominal distress may be due to a growth or duodenal ulcer which demands surgical relief. When much flatulence is present the following formula may be prescribed:

Acidi nitrici diluti, f5ij vel 3ij.

Tinct. cardamomi compositae, f3vj.

Sig.—Dessertspoonful in water four times a day.

Sometimes flatulence of the large bowel associated with atony of the muscular coats of the gut is present. Then the following proves beneficial:

Asafoetide, gr. xl.

Extracti nucis vomicae, gr. iv.

Extracti physostigmatis, gr. iii.

Oleoresini capsici, mx.—M Ft. pilulae No. xx.

Sig.—One pill three times a day, two hours after meals.

Tinct. belladonnae foliorum, f5ij.

Tinct. physostigmatis, f5iss.

Spiritus camphorae, q.s. ad f3ij.—M.

Sig.—Teaspoonful (4.0) two hours after meals whenever needed.

Abdominal massage is valuable in the treatment of this condition. The patient can procure results by slowly rolling a three-pound cannon ball over the course of the colon, to urge on the intestinal contents and cause secretion. A roller electrode applied with the rapidly interrupted current from a faradic apparatus will strengthen the intestines and produce the above result.

When intestinal indigestion results from lenter the treatment is different and effort must be made to increase the action of the glands of the intestinal wall. Often minute doses of mercury bichloride of podophyllin, 1/60 to 1/40 grain of the first or second respectively. If the liver is torpid the following may be used:

Ac. nitrohydrochlor. (not dil), f3ss.

Tr. gentianae comp. q.s. ad f3vj.

M. Sig.—Dessertspoonful every four hours or after meals, in water.—Hare, in Practical Therapeutics.

Malaria.—Dr. Beverley Robinson, in an article in the May N. Y. State Med. Journal, says:

I cannot speak too strongly in behalf of Warburg's extract and the compound tincture of bark in the treatment of chronic, recurring, or even pernicious malaria. In looking back over my practice of a few decades, I can recall not a few instances where quinine failed me and where, fortunately, Warburg or cinchona helped cure the patient in a remarkable and very satisfactory manner.

I do not agree with Osler, therefore, when he states that one who can not cure malaria with quinine should abandon the practice of medicine. Rather, I am in accord with Prof. MacLean. Loomis's Practical Medicine, who says that "he has seen the most hopeless cases—those manifesting a degree of severity which seemed to preclude the possibility of recovery—commence to convalesce as soon as the patient was brought under the influence of this remedy," i. e., Warburg's tincture.

Hospitals, Sanatorium, etc.

Bequests to Orange Hospitals.

Under the will of the late John S. Norton of South Orange, the Orange Memorial Hospital will receive \$5,000 and the Orthopedic Hospital and Dispensary \$10,000 after the death of his wife.

All Souls' Hospital, Morristown.

Hundreds visited the new hospital on June 22 and 23. The building was in complete order and palms were placed in the solariums, flowers in wards and private rooms and large flags on the first floor. The inspection was entirely informal. Sisters of Charity, nurses and others served as guides, exhibiting the features of the new structure. Placards displayed told some of the donors of the equipment of the institution.

Hackensack Hospital.

The following facts are gathered from the report of the first five months' work of this hospital: Patients admitted, 595; major operations, 209; minor operations, 90; deliveries, 83; deaths, 35; ambulance calls, 149; dispensary cases, 114; x-rays, 207. Dr. C. F. Adams recently addressed the pupil nurses, when several of the graduate nurses of the city were also present. At a recent meeting of the Board of Governors of the hospital steps were taken to secure a needed new x-ray table.

Muhlenburg Hospital, Plainfield.

Mrs. Nathan Hofheimer, of Warrenville, has given to this hospital an automobile with a special body, to be used to convey thirty or more children to the hospital three times a week to be treated for infantile paralysis. Some of these children have been receiving regular treatment, and have been taken to and from the institution in automobiles lent for the purpose. This has been found a hardship at times. The machine is arranged for the use of cots or it can be used for regular hospital calls when not otherwise engaged.

St. Mary's Hospital, Hoboken.

The army assumed complete control of the hospital July 1. Two of the staff doctors, who had served on the hospital, have entered the army and another the navy.

Hospitals.

The Committee on Hospitals of the General Medical Board of Council of National Defense has recommended to the general hospitals of the country the reorganization of their staffs in order to release as many as possible of their members for army and navy service. Lists were requested of those necessary for the efficient operation of the institutions, and lists of those available for service were forwarded to the committee, each person on these latter lists being requested to apply for appointment in the Medical Department of the army. The hospitals of the country were classified as to size, convenience to railroad, equipment, facilities for expansion and equipment for handling special work. Tuberculosis sanatoria and dispensaries were in-

ventoried, and a survey made as to hospitals for convalescents. The matter of portable hospitals was investigated, and the purchase of a limited number of this form of hospital recommended to the Surgeon-General of the army. Offers of private houses and other large buildings, tendered to the Surgeon-General for use as military hospitals, were classified and tabulated for use of the Surgeon-General's office. Hospitals were urged to acquire, gradually, reserve stocks of drugs, appliances, and supplies with a view to future expansion.

Hackensack Hospital Training School.

The graduating exercises of this Training School for Nurses were held in Oritani Hall, Hackensack, on Friday evening, June 7, when six nurses received diplomas.

Bonnie Burn Sanatorium.

Superintendent John E. Runnells, M. D., reports that on May 1st there were 179 patients present in the sanatorium. During the month, 28 patients have been admitted; 20 males and 8 females. Among these are four readmissions. These are classified as follows: Incipient, 1; moderately advanced, 5; far advanced, 22.

The largest number of patients present on any day during the month was 183—smallest number, 176.

Arthur Home for Blind Babies.—The class day exercises of this home were held June 22, when a class was graduated from the Kindergarten to the primary department and several nurses received certificates of merit.

Marriage.

FLOWER-BEAM.—In Newark, N. J., June, 1918, Dr. Morris Aaron Flower, of Newark, to Miss Clair Beam of Philadelphia.

Deaths.

BUCHANAN. — At North Plainfield, N. J., June 7, 1918, Dr. Joseph Hervey Buchanan, aged 47 years.

Dr. Buchanan was born at Scotch Plains, N. J.; graduated from Peddie Institute in 1889 and from Jefferson Medical College, Philadelphia, in 1896. He settled in Plainfield in 1898, where he has since practiced medicine. He was a member of the staff of Muhlenberg Hospital; a member of the Somerset County Medical Society, of which for several years he was reporter to the State Society; was a member of the Medical Society of New Jersey and a Fellow of the American Medical Association. He was also a prominent member and officer of the Knights of the Golden Eagle.

At a meeting of the Somerset County Medical Society, held June 13th, 1918, the following resolutions were adopted:

It was with profound sorrow that we have learned of the death of Dr. J. Hervey Buchanan, which occurred on June 7th last.

Dr. Buchanan was an active worker in the Somerset County Medical Society, and always to be depended on to do his share of any of the activities of the society. At the centennial

of the society it was he who with much pains and labor prepared the history of the society, and it was he again who was called upon to act as its secretary pro tem, when the secretary was called to active duty in the Medical Reserve Corps.

We profoundly feel the loss of Dr. Buchanan to the profession, to our society, and to the community, and wish to place on record our sorrow and our appreciation of his many good qualities as a citizen, a physician, and a Christian gentleman. Therefore be it

Resolved, That this resolution be spread upon the minutes of the society, a copy be sent to his family, and published in the Journal of the Medical Society of New Jersey, and in the local papers.

C. R. P. Fisher, A. L. Stillwell, Committee.

COOK.—In Orange, N. J., June 10, 1918, Dr. Richard L. Cook, aged 62 years. He was a son of the late Dr. John S. Cook of Hacketts-town. He practiced medicine formerly in Dover, but failing health caused his retirement and he went to his sister's home in Orange.

HOPPER.—At Jersey City, N. J., April 8, 1918, Dr. Thomas Banter Hopper, from pneumonia, aged 52 years. Dr. Hopper graduated from the Bellevue Hospital Medical College in 1891.

STOCKTON.—In East Orange, N. J., May 27, 1918, Dr. Frank Oakley Stockton, aged 69 years. He graduated from the College of Physicians and Surgeons, New York City in 1881.

Personal Notes.

Dr. John K. Bennett, Gloucester City, has been appointed by the City Council city physician in place of Dr. J. A. Beck, who has been called to active M. R. C. service.

Dr. Elton S. Corson, Bridgeton, has been promoted from lieutenant to captain, M. R. C.

Dr. Irwin H. Hance, Lakewood, read a paper on "Rhythmical Breathing," at the Amer. Climatological and Clinical Association meeting in Boston last month.

Drs. Enoch Hollingshead, Pemberton, and J. Clifford Haines, Vincentown, were recently elected managers of Pine Rest, the Burlington County Tuberculosis Sanatorium; Dr. J. F. Remer, Mt. Holly, was elected superintendent and secretary of the board.

Dr. William J. Lamson, Summit, gave an address on "Child Welfare" at the public school in Summit recently.

Drs. Richard C. Newton, Montclair, and Sidney A. Twinch, Newark, presented a paper at the meeting of the Amer. Climatological and Clinical Association, held in Boston, on "The Treatment of Tuberculosis, Specially of Glands and Joints, Based on Fifty Cases of the Use and Non-use of Tuberculin."

Dr. Eugene L. Reed, Atlantic City, was stricken with cerebral hemorrhage on May 3d.

Dr. John R. C. Thompson, Bridgeton, was recently elected physician of Cumberland County, in place of Dr. I. E. Charlesworth now in M. R. C. service in the Philippines. Dr. Thompson had served in the same position several years before he was elected county surrogate.

Dr. Raymond D. Baker, Summit, has been commissioned a captain in the M. R. C.

Dr. Charles D. Bennett, Newark, and family recently went to their summer home at Lake Sunapee, N. H., for the summer.

Dr. William S. Lalor, Trenton, served as a member of the Committee on Medical Education at the annual meeting of the A. M. A. in Chicago.

Dr. Frederick W. Owen, Morristown, and daughter spent a week at Rouse's Point, N. Y., last month.

Dr. Daniel Strock, Camden, addressed the annual meeting of the Merchantville Red Cross last month.

Dr. William A. Tansey, Newark, has received his M. R. C. commission and will leave soon for overseas duty. He gave a farewell party to 100 children of the Holy Angels' Day Nursery at the institution. He was the first physician to tender his services gratis when the nursery was opened some years ago.

Dr. Hesser G. McBride, Newark, will have charge of the Holy Angels' Day Nursery consultation station. It will be conducted in co-operation with the child hygiene division of the Department of Health.

Dr. Valentine Ruch Jr., Englewood, major M. R. C., after a year's service has been honorably discharged for physical disability incurred in time of war service. He organized and directed the four ambulance companies of the 104th Ambulance Section, 29th Division, at Camp McClellan, Alabama.

Dr. W. H. Broughton, Bloomfield, has been appointed on the State Commission for the Care of the Blind.

Dr. Frank M. Donohue, New Brunswick, is enjoying a month's rest with his family in Northwestern Canada.

Drs. John F. Hagarty, Newark; Howard S. Forman, Jersey city, and James P. Schureman, New Brunswick, have recently been commissioned as first lieutenants in the M. R. C.

Dr. Edgar Holden Jr., Newark, and family will spend the month of August at their summer home in South Yarmouth, Cape Cod.

Drs. Harry G. MacDonald and Michael Sarla, Hackensack, have recently been commissioned as captain and first lieutenant respectively in the M. R. C. The former to report to Camp Greenleaf, Ga., and the latter to Fort Ogelthorpe.

Dr. John Nevin, Jersey City, and William F. Jones, Camden, have been appointed members of the State Board of Charities and Corrections.

Dr. Fred M. Paul, Newark, captain in M. R. C., has been ordered to the base hospital, Camp Wheeler, Ga.

Dr. H. Morton Pierson, Roselle, and wife have gone to Lake Champlain for the summer.

Dr. Joseph E. Pollard, Chatham, has been commissioned as a captain in the M. R. C.

Dr. Walter A. Reiter, Summit, of the M. R. C., has been ordered to report to Camp Wheeler, Ga.

Dr. Theodore Senseman, Atlantic City, has been appointed a member of the Board of Managers of the State Home for Disabled Soldiers and Sailors.

Public Health Items.

This is no time for Health Pacifism.

"American Needs all its Resources; it is ours to help husband them."

We must save the lives and preserve the health of our children.

"Tuberculosis is the end of the song that begins in the cradle."

"Our Democracy of the future depends upon the childhood of to-day."

It is our duty to fight for that Democracy at home even as our soldiers are fighting for it in France.

"The maintenance of the health of the individual is the chief requirement of the healthy growth of the State."

A baby comes into the world with less chance to live one week than an old man of 90, and less chance to live a year than one of 80. —Bergeron.

"From an economic and humanitarian point of view, there can be no more valuable service rendered to humanity than in the preservation of the health of its children."

The Lowest Infant Death Rate on Record.

—The New York Milk Committee has made a survey for the year 1917, which shows that the infant mortality declined from 135.8 per thousand in 1907 to 88.8 in 1917. The improvement is attributed in part to the medical and educational campaigns and in part to the efforts of the Milk Committee to improve the sanitary surroundings of infants.

Europe at War Saves Babies.

"America is called upon by the U. S. Children's Bureau to cut our deaths from one in every ten infants born to one in every twenty infants born during the next year. Europe has shown us that more infants can be saved in war time than were saved in times of peace, if public measures are started to make the conditions surrounding the mother and young infant more favorable."

If we are to reduce our infant death rate during the war, as our allies have done, we must realize that the safeguarding of child life and the protection of prospective mothers is an imperative public duty and that it must be carried on as war work side by side with the recruiting and munitioning of armies.

Children's Year.

Children's Year must not be allowed to stop with the weighing and measuring of children. Many communities realize that. More of them must be awakened to it for we cannot dodge the fact that an important part of the year's campaigning will be the convincing of the general public that there is no war work more vital, more economically necessary than the conservation of its human resources. The experiences of the warring nations abroad and the revelations of our own draft boards who have been forced to reject country boys and city boys alike for physical defects which might have been remedied had they been discovered in childhood, are furnishing us with unanswerable arguments. They are arguments

which we cannot afford to disregard. If England, France and Belgium, under the immediate strain and stress of war, can devote time, thought and money to infant welfare work and to the fight against tuberculosis and can see in them an essential part of their war program, if they, under the constant menace of great guns and air raids, can reduce their infant death rate, surely we can do as well.—The Crusader.

The health of our children, and indeed our own health, depends in the main on three things—whether they have had a good start in life, whether or not they have been the victims of many infectious diseases, especially in the early years, and whether they have had good home care from their parents.

In this national crisis, it has become essential for us to actively safeguard the health of our child population. War has always been detrimental to child life, and judging by European experience, the present war can not fail to affect our civilian population disastrously, unless we take prompt measures to meet the situation.

A falling birth rate; a lowered family standard of living, due to the increased cost of living; indiscriminate and unintelligent substitution of foodstuffs used for children; the call of thousands of the best physicians and nurses to the battle front and the deterioration of family life following the absence of the head of the family in the national service; these are the factors which are detrimental to the life and well being of our children and which a long war will surely increase. War conditions will be prolonged for years as far as they affect health, however short the actual fighting may be. Therefore it is most necessary to keep up and to increase every movement started to improve the chances of our children having a good start in life, of staying free from disease, and of having good, intelligent care in their own homes. Many new measures will have to be devised to keep up the nutrition and resistance to disease in our home population, for the integrity of the race depends on what we make of the next generation of Americans.—Dr. Dorothy R. Mendenhall.

"Ultimate victory can only come to us as a nation if we take steps to conserve our child life. Our soldiers and sailors will bring us victory in arms—that we can be confident of. It remains for us to make their victory complete, their sacrifice worth while, for what is victory in arms worth to a nation impaired physically, mentally and morally by war? The next generation of Americans must not be stunted by disease, by neglect, by under-feeding." We must make our watchword "Children First."

The Baby and the Draft.—What has the baby to do with the draft? It is the draft which has pushed the baby to the foreground of attention. Between forty and fifty per cent. of all drafted men are being rejected because of physical defects—more than two-thirds of which are preventable. These facts are causing grave concern throughout the country—they are an indictment of our civilization, of our protection of motherhood and babyhood; they are of grave portent for the future. They

make the safeguarding of the baby no longer merely a matter of "humanity," of "charity," of "uplift," but of supreme and national necessity.—The Social Hygiene Bulletin.

Morristown Health Report.—Dr. James Douglas, health physician, reports epidemic of measles on the wane, only 70 cases in May; only eleven other cases of contagious diseases; births numbered 37, ten more than the average for month for 1917.

Newark Health Department.

There were 527 deaths during May—a death rate of 15.2 as against 19.3 the previous month. Causes of the majority of deaths: Tuberculosis 61 of lungs, 13 other tuberculosis; Bright's disease and nephritis 57; pneumonia, lobar 48, broncho 10; organic heart disease 48; cancer 33; apoplexy 24; measles 28. There were 1972 cases of measles reported; 294 of whooping cough; pneumonia, lobar 241, broncho 156; tuberculosis 185; diphtheria 63; scarlet fever 57.

There were 2794 babies under supervision, with 9 deaths of supervised babies. Expectant mothers supervised 715; delivered 41; living births 38; still births 2, and one died under one month.

Fighting Venereal Diseases.—A public health program which attempts to fight venereal diseases without suppressing prostitution is as illogical as one which would battle smallpox without isolating victims, as illogical as one which would try to stamp out typhoid fever without providing pure water and sanitary sewers, as illogical as one which would seek to wipe out blindness without treating the eyes of newborn babies.—The Ohio Public Health Journal.

REPRINTS RECEIVED.

Sanidad y Beneficencia: Boletín Oficial de la Secretaría.

Monthly publication, the official bulletin of the Secretary of Health and Benefactions, Havana, Cuba; under the editorship of Dr. Ernesto Aragon.

The Rockefeller Foundation, a Review of Its War Work, Public Health Activities and Medical Education Projects in 1917. by George E. Vincent, President of the Foundation, N. Y., 1918.

Twenty-third Report of the Board of Health of the Town of Montclair, N. J. From Jan. 1, 1917, to Dec. 31, 1917.

LATE ITEMS.

Delinquents!! Members of county societies who have not paid 1918 Dues are delinquent. All of them have received notice of it more than once. This is to notify them that they will not have the benefit of defense by the State Society against a malpractice suit, the cause for which occurs during their delinquency; nor will their names appear in the Official List to be issued in August—Thomas N. Gray Secretary.

Not on Honor Roll! From the Surgeon-General's office comes a list of New Jersey doctors who have declined to accept commissions after applying for them.—Editor.

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ADDRESS BY THE THIRD VICE-PRESIDENT.

Delivered at the 152nd Annual Meeting of the
Medical Society of New Jersey, at
Spring Lake, June 26, 1918.

IS IT GOOD PRACTICE FOR THE SURGEON TO PERFORM VIS- CERAL EXSECTIONS AND RE- SECTIONS WHILE THE VIS- CERA ARE INFLAMED?

WITH SPECIAL REFERENCE TO THE REMOVAL
OF THE GALL BLADDER, APPENDIX, VER-
MIFORMIS, FALLOPIAN TUBES,
UTERUS, ETC., ETC.

BY PHILANDER A. HARRIS, M.D., F.A.C.S.,
Paterson, N. J.

Dr. Alonzo Clark, professor in the theory and practice of medicine of the College of Physicians and Surgeons in New York City, forty-six years ago, described in his lecture to the students of the College, of which I was then one, a disease which he always referred to as "Idiopathic Peritonitis," beginning with pain in the right iliac fossa, and generally accompanied with tenderness under pressure, constipation, fever and more or less swelling of the abdomen.

Dr. Clark opened his remarks upon the subject of treatment about as follows: "I know of no disease of equal mortality, so curable by proper treatment as Idiopathic Peritonitis, nor do I know of any disease wherein the normal mortality without treatment has been so multiplied by improper treatment. It is of the improper treatment of Idiopathic Peritonitis that I first wish to speak. What I wish to characterize as improper treatment of Idiopathic Peritonitis, is the treatment which has been so much employed in times past, and which consisted of the administration of cathartics; Epsom salts having been the choice of many prac-

tioners. With such treatment, five out of six of all cases of true Idiopathic Peritonitis terminated in death."

"An entirely different form of treatment for Idiopathic Peritonitis is the one which I wish now to tell you about. In the first place, it ignores the apparent necessity of bowel movement. The moment a case of Idiopathic Peritonitis is diagnosticated, it is put to bed and no attempt whatever is made to secure an evacuation of the bowel, whilst opium is given by the mouth, or morphine subcutaneously, not simply to relieve all pain, but in sufficient dosage to bring the number of respirations in the adult to fourteen per minute. The diet should be of milk, with possibly animal broths. If the bowels do not move for a week or more, no special harm arises therefrom, and the patient is given the best chance for a recovery. With this opium treatment and practically a milk diet, five out of six cases of real Idiopathic Peritonitis will recover."

As a great admirer and a disciple of Professor Clark, I carried from his lecture room, to my domestic practice, the opium treatment* for every case of "Idiopathic Peritonitis." (Idiopathic Peritonitis beginning with pain in the right iliac fossa, later came to be, and is now, known as appendicitis).

From the year 1872 to 1892 inclusive, I was a general practitioner of medicine, and in that time I attended many cases of appendicitis. All of the cases were treated with frequent doses of opium and the food restricted to a diet of milk or animal broths. Thus, in the first twenty years of my work it happened that but one case of appendicitis originating in my own practice ended in death. Abscesses formed in certain cases.

*It is believed that Volz, in 1843, introduced the opium treatment of "Idiopathic Peritonitis."

One of them opened through the skin, another was operated upon by incision along Poupart's ligament for the discharge of pus, one opened through the bladder, others were believed to have discharged into the bowel. One patient, a colored boy in my employ, was ill for three months with general peritonitis and recovered therefrom without any known collection of pus, although for a considerable time he doubtless had plenty of pus in his peritoneal cavity.

In 1890, treatment of appendicitis by operation had gained a considerable foothold, and five years later, or in 1895, it might be said that the surgeon had consummated the deal with the practitioner, whereby the latter practically surrendered his right to treat appendicitis to the surgeon, so that, when the internest came in possession of a case of appendicitis, he suggested that a surgeon be called in consultation. If the internest's diagnosis was confirmed by the surgeon, the latter assumed charge of the case. In those days, it generally mattered little to the surgeon whether the patient had been afflicted a day, a week, or a month, for he almost invariably advised immediate operation, particularly if the patient was in the acute stage of attack. To him every phenomenon occurrable in the disease almost seemed to have offered a pronounced indication or excuse for the exercise of his skill. For example, the ascending pulse, the rising temperature, the falling pulse, the falling temperature, increased tympany, vomiting, the possible absence of leucocytosis, an increase of leucocytes, an increase in the polymorphonuclear neutrophils; any or all of these and unmentioned others, including, sometimes, the patient's tightwad, offered sufficient indication for an immediate operation.

The general practitioner, faithful to his patient and professional to his colleagues, and with the feeling that appendicitis was a surgical disease, then passed almost every case of appendicitis to the surgeon. If the patient died after operation, as then so very often happened, the swollen or distended condition of the appendix, an area of gangrene, a spreading or perforating ulcer, or the finding of walled-off pus, were pointed to as conditions of sufficient gravity to support the contention that the patient would not have recovered without operation, and that the surgeon had given him by operation the only chance for recovery.

In 1892 I began to relinquish a strictly medical for a surgical career, both in my hospital and domestic practice. Prior to that

time, for twenty years, or from the beginning of my practice, all my cases of appendicitis, excepting one, were taken care of without surgical treatment, and in all that time I had but one death from the disease. In the early years of my surgical work, dating from 1892 onward, physicians, surgeons and most of the people thought that the only thing to be done with a case of appendicitis was at once to operate upon it, and I well remember the resistance which I encountered when I proposed in certain instances the medical treatment of such cases by opium and rest.

My opposition to operation was based upon the numerous deaths which were occurring at the hands of surgeons. Little attention was accorded my oft repeated statement that more cases were then dying after operation than would have occurred under the opium treatment, and it became absolutely tiresome for me to contend with some who were wedded to the knife, and who could scarcely accept the story of my personal experience regarding the value of opium and rest in the treatment of appendicitis.

As illustrating some of the fatalities attending the operation for removal of the appendix in attack, I might mention that a general practitioner in Paterson, without hospital relation, but with a large clientele, referred four cases of appendicitis in the course a few weeks, to a surgeon of high standing. All of them were immediately operated upon; three of them died within four days, the fourth recovered. In those times one could scarcely take up his morning or evening paper without reading of someone who had been taken suddenly ill with appendicitis and the condition found so critical, that immediate operation had to be resorted to. By following up the further announcements of such cases, it was easily seen that a very large percentage of these cases died.

In the few years thereafter, namely, from 1895 to 1903, in spite of inward qualms and indecision, I floated as almost all were then doing, on the tidal wave of public opinion, and I operated upon most of the cases of appendicitis as soon as they were seen by me. However, I was in several instances an almost unwilling participant in the prosecution of such surgical work. The fatalities observed in the practice of others, not to mention my own, caused me to breathe a sigh of relief when I was able to evade operation in certain individual cases and treat them medically.

Finally, on July 2, 1903, I saw with a very dear medical friend, a case of appendicitis. It was desired that I operate upon the case at once. It was then but a few hours after the onset of the first symptom and it was the patient's first attack. I advised against operation, but a few hours later, when another consultant came in the case, I yielded, and the strong, healthy young man died eighteen hours after operation. Since that time, or for fifteen years, I have not operated upon any case of appendicitis in the attack, excepting for the purpose of evacuating an appendiceal abscess, and establishing drainage. In that time I, and numerous physicians with whom I have seen cases and for whom I work, have carried patients through attacks medically without death, and from very many of them I later removed the appendix at a time when the patient was in condition for more safe operation. Of all the patients thus operated upon for removal of the appendix after presumable recovery from attacks, only three died.

A total of but three deaths following removal of the appendix in a term of fifteen years must be regarded as a small mortality for the surgeon whose practice in the past twenty-two years has been absolutely limited to the abdomen, pelvis and female breast. One, if not two of the three deaths following operation for the removal of the appendix, I now regard as having been needless. Under the more particular technic for selecting the time for operation which I have latterly employed, probably neither of these cases would have been accepted for operation until further recovery.

After this foreword let us proceed to the subject of visceral inflammation in the abstract.

Inflammation, of course, is a disease, because it makes the individual more or less uncomfortable; but inflammation is never a primary condition. One writer defines inflammation as "a succession of changes which take place in the living tissue, as a result of some kind of injury." Another writer defines the term more briefly, by stating that inflammation is "the reaction of tissue to irritation." For convenience of expression I wish in this paper to assume a synonymous meaning for the words injury, irritation and infection as causes of inflammation. The greater the injury, the irritation, or the infection, in any given instance, the more urgent will be the call upon nature for the successful arrest, repair, or removal of the cause of the disease.

Since inflammation so commonly follows

injury and since it so generally tends to prevent the extension of injury, I am forced to ask you to accept the statement that inflammation is never a primary condition, but a secondary one; that the infection, injury, or irritation, is always the *primary* condition, and as such is destructive in its tendencies, and that inflammation is just as constantly secondary to the irritation or injury and represents nature's method of stopping waste, and of trying to effect repair of the infected, injured, or irritated parts. Inflammation itself must therefore be regarded as a reconstructive process, and is only incidentally or unwillingly a destructive one.

Without taking your time to cite evidence in proof of these assertions, please, for the present, at least, accept as proven the statement that the tendency of an infection, irritation, or injury, is one of destruction, while the tendency of inflammation is just as distinctly to remove the irritation, arrest destruction, and accomplish repair of tissue.

When any of the hollow or tubular viscera of the pelvis or abdomen receive injury in any of the ways above intimated, a local inflammation supervenes. Its exudate promptly endeavors to attach adjacent surfaces of serosa, and thus localize or sequester, as it were, the injured or irritating part. This process is ordinarily referred to as a "walling off" of the trouble. If the visceral parts nearest to the injury are retained at rest, that is, if one part can be kept from moving upon adjacent parts, the formation of temporary adhesions is favored and generally occurs. Under entirely favorable conditions, opposing surfaces of peritoneum may become attached to each other in less than half an hour. If, on the contrary, the parts about the infection are subjected to motion, one upon another adherence of such parts is retarded, or does not occur, and as a natural consequence a spreading of the irritant or extension of the injury, or infection is not arrested, but may thereby be greatly increased.

More or less indisposition to continue the usual vocation or pastime, is undoubtedly the experience of anyone who has received a very definite or pronounced injury to his abdominal or pelvic viscera. In this condition, with its attendant discomfort or pain, he would naturally retire from annoying friends and environment, and maintain the particular posture of body and limb, in which he might find himself most comfortable.

Coincident with the establishment by nature of the inflammation required to repair

an injury of abdominal viscera is the occurrence of pain. It is the most constant symptom experienced by the individual, some part of whose viscera has been irritated by injury or infection. The pain or discomfort following injury, or infection, inclines, leads, or enforces the patient to abstain from movement. The greater the local injury, or the deeper the infection, the less will the individual be disposed to exert himself, or to go about.

It is the common belief of our profession that the moment a perforation of any of the hollow viscera occurs, permitting the contents of such viscera to escape into the peritoneal cavity, that *immediate* and generally *severe* pain at once occurs—a rule to which I am sure there are exceptions; and if there be exceptions, then there will be a certain percentage of cases in which we have not nature's announcement at the time of injury. The pain produced by inflammation and the increase of this pain, arising from movements of the body, are at least a wise provision of nature, and suggest, invite, or compel the individual of his own initiative to do, or not to do, a lot of things, all of which are doubtless materially helpful to him.

So-called heroism, bravery, or human pluck, outweighing the promptings of nature, as affected by inflammation; inability of the individual to at once yield to such promptings, and thus secure the rest which nature suggests and requires in order to best subserve its interest, are the common conditions which more or less emphatically militate against the efforts of nature to promptly arrest or cure an injury, or infection of abdominal viscera. Under unfavorable conditions, where the individual in discomfort or pain, remains at his work or vocation, taking more or less food and drink, and possibly resorting to cathartics, the infective material is spread out over a large area by the movement of the viscera upon itself, and the walling off is of wider range, and there is consequently a larger space of infected inclusion.

The treatment of appendicitis, by the withdrawal of food and drink, as practiced and taught by Ochsner (whose teachings many physicians have in later years followed) has either limited, or secured complete arrest of peristalsis for thousands of individuals afflicted with appendicitis, and thus secured for the patients an earlier walling off of the infection and a corresponding lower morbidity and death rate. Stupid is he, who, even without medical education,

has not observed that a very full meal imparted a more rapid flow to his food stream, and hurried him to the toilet. Both food and drink, even in small quantities, produce, and tend to maintain peristalsis. Large quantities of food and drink greatly increase peristalsis.

Peristalsis constantly moves opposing peritoneal surfaces of the stomach and intestines in one direction or another, upon each other, and one another. If, under favorable conditions, inflamed or irritated intestines are kept at complete rest for one-half hour, they will, in so short a time, often adhere together. This I know to be true; and I also believe that firm walling-off under favorable conditions may be achieved in a day or less. The early arrest of peristalsis is the most potent factor in effectually walling-off an injury to pelvic or abdominal viscera; and an early and complete walling-off is the very particular condition tending to limit the field of infection, and thus sequester the injury or infection, and lessen the draft upon the vitality of the individual in his effort to recover.

If, as large experience has unquestionably proven, almost all cases of infection of the gall bladder, appendix, and fallopian tubes, may be carried through acute attack without fatal issue, should we interfere with nature by going counter to its tendencies? The knife and scissors, which help to carry the fingers of the operator through uninfected tissue and then break into the very envelope by which nature has sealed the infection from other tissues, open a wider field for inoculation, by the infective material escaping thereto and therethrough. In such cases, nature may already have been carrying a really heavy load, upon which the surgeon, probably unnecessarily, adds additional burden by excising the appendix, gall bladder, or other appendage, at a particular period in the individual's life when both morbidity and mortality are likely to be greatly enhanced by his ill-timed operative procedure.

The intrusion upon nature by an untimely operation, may make recovery impossible; and, in cases thus prematurely operated upon, which *do* finally recover, a new and large area of tissue has been exposed to infection, and healing thereby delayed, with consequent damage to the visceral or mural anatomy, so often resulting in an impairment of the flow of the food stream through the intestine, with its consequent symptom—dyspepsia; and also producing the development of hernia within the field of invasion.

Either or both of these conditions may constitute the fate of a large percentage of individuals, who have accepted abdominal section for the removal of diseased appendages, in the midst of severe attack.

If we assemble in one group all of the cases which did not die after an ill-timed performance of visceral exsection, we shall find the anatomical and physiological damage to the viscera and its enveloping walls to be incalculably greater than in the other class of patients whose exsections were not made until after full recovery from attack.

The enormous drains and large drainage openings, so much employed by surgeons, who perform visceral exsections and resections under the unfavorable conditions which we are considering, constitute an important factor in increasing the percentage of incisional hernias, following abdominal section.

But you will ask, if I have not for the past fifteen years, myself exsected the appendix from a single individual whilst the parts were actually inflamed, what has become of all such cases? Most of the patients first seen by me in attack, accepted the medical treatment which I advised, and a large proportion of these patients were later operated upon by me for removal of the appendix.

Of the relatively small class of individuals who were unwilling to accept medical treatment until after recovery from attack, a large porportion of such cases more or less promptly accepted operation upon the advice and at the hands of others. A few of these individuals made prompt and uneventful recoveries, while many others died, or recovered with more or less damage to anatomy or function. Many individuals of this class have sought my advice for correction of defects following their primary operations. Such cases are presenting themselves to me every now and then.

OBSERVATION, CARE, TREATMENT, AND DETERMINATION OF TIME FOR OPERATION.

The patient's temperature, pulse and respiration should be taken, if possible, at least every four hours, and recorded. A differential blood count of two, three or four hundred should be made and repeated every four or five days, if possible. The reports on temperature and blood afford very reliable means of estimating the course and depth of reaction to injury.

When, after days or weeks, the ordinary symptoms by which we knew that the patient was ill, and by which we also diagnosed the disease, have one by one lessened

or disappeared, we conclude that the patient has nearly recovered. *Therefore* the ordinary criteria by which we determine that the patient has apparently recovered from attack, are the disappearance of all of the phenomena by which we diagnosticated the kind and depth of injury. When the several criteria finally descend or ascend to the base line of health, and remain there for a week or longer, the individual may have so far recovered as to render an exsective operation a comparatively safe procedure.

We should not invade a field which has been infected until the blood count, pulse, temperature, respiration, and general feelings of the patient have come to, and remained, for sometime, on the so-called base line of health. In addition to these criteria, there is another and most valuable one for determining the fittest time for operation, which is quite as reliable as the other ones, and which I usually employ as the last test before deciding to operate. For this most valuable test, we are indebted to Dr. F. F. Simpson, of Pittsburg, (who, by the way, is to address the Society later this afternoon, but not upon this subject).

When the ordinary criteria indicate a probably safe time for exsective operation, we subject the patient to Simpson's test, and if the results are entirely negative for 72 hours, appointment for operation is usually made. If the test of Simpson indicates that infective material still exists in the body, the patient is held for further observation and test, and again we wait for the different criteria to indicate that the patient has returned to the base-line of health, and after the patient has remained on the base-line for one week, two weeks, or longer, Simpson's test is again resorted to.

I believe Dr. Simpson's test can generally be relied upon to determine the disappearance of the particular quality of infection, wherein danger lurks, especially when his technic as described by him is carefully and intelligently followed. Since Dr. Simpson gave us his test in 1909, I have not only been impressed with the great value of his procedure, but a knowledge of it has also impressed me with the damage which may accrue from ordinary palpation, or from manual pressure of any enveloped infection. The infection may thereby be deepened, the injury extended, and the recovery retarded.

This knowledge of the danger of giving the patient a deeper infection, and thus lengthening the illness, by ordinary examination, has made me more careful to endeavor to reach diagnosis with as little

pressure upon the infected or injured parts as possible. So convinced am I of the probability of deepening an infection by traumatism in examination, that I try to avoid traumatism in all examinations. I have known others to deepen an infection and increase the morbidity by the very deep and heavy pressure which they employed while examining patients in my presence.

When called to a case of injury or infection of the pelvic or abdominal viscera, if the patient is not in bed, he should at once be put there, and should be directed to abstain from the taking of any food or drink by mouth, particularly while endeavors are being made to diagnosticate the disease. As much as we ordinarily dislike giving an opiate until reasonably sure of our diagnosis, in certain instances, as in cholecystitis, and sometimes even in appendicitis, and also in salpingitis, the pain is so very severe, that a stiff dose of morphia, or two, *must* be given for the patient's relief. After this, with abstention from food and drink, the patient is comparatively free from pain without the aid of opium. No more than two teaspoonfuls of fluid by mouth should be given in any hour, to an adult, whilst food and drink are substantially withheld from the patient.

In the very beginning of attack, I usually throw into the rectum not less than six or more than twelve ounces of warm water or peptonized milk, every four hours. In two or three days after the withdrawal of all food and drink by mouth, I increase the quantity of rectal drink and nourishment to one pint in every five hours, generally alternating the water and peptonized milk. If the rectum rebels, I omit the enema and inject a rectal dose of deodorized tincture of opium in an ounce of water. With one or two such doses the rectum generally tolerates the larger quantities of injected fluid.

When more than eight ounces of fluid is to be thrown into the rectum, the foot of the bed should be raised twenty-two inches above the floor, with no pillows under the patient's shoulders, and with a wide board across and beneath the mattress to bring the middle of the mattress in alignment with the frame of the bed. Pints, or quarts of water may, in a few minutes, be poured into the intestinal tract. Never use a soft or semi-solid or long rectal tube. Never use other than a hard rubber rectal nozzle which is probably rarely four inches in length. The preferable outfit for giving rectal drink, or any kind of enemata, whether the quantity of solution to be thrown into the rectum

be large or small—consists of a small, glass funnel, four feet of small rubber tubing, and the ordinary hard-rubber rectal nozzle, just referred to.

I have carried many patients with inflamed peritoneal or pelvic viscera over a term of seven, eight, nine or ten days without anything by mouth. With a well fixed habit of thoroughness, I was never inclined to stint detail, so that while bringing this part of my work within the direction of Ochsner, I carried my patients through a longer term of total abstinence from food and drink by the mouth, than I later thought, and still believe, was required. Experience appeared to teach me that the walling-off of the infection is generally so complete, and the inclusion space so limited, that after three, four, or five days, a decided infection becomes so well sequestered, that it is not disturbed by the peristalsis which a small amount of drink and nourishment is likely to beget.

From July 1, 1903, to the present time, I have placed more reliance upon the leucocyte count, than on any other single criterion. In no instances after attack have I undertaken the performance of an exsective operation, until the blood counting showed that the white cells had fallen to the presumably normal line, and remained there, (excepting in cases of leucocytosis arising from mechanical injury, such as ectopic gestation, where leucocytosis is often present and not due to septic infection, but to auto-traumatism)¹. An ovarian cyst, twisted on its pedicle, typifies another kind of auto-traumatism, in which more or less leucocytosis may be present and yet not be due to any kind of septic infection.

Therefore for most of my cases of infection in pelvis and abdomen, my chief criterion for the past fifteen years, has been the leucocyte count. When the leucocytes are much above normal, they have (excepting in cases of pure traumatism, apparently without evidence of septic infection) deterred me from resort to exsective procedure. While preventing me from performing dangerous exsections, the high blood count has also impelled me in many instances to cut by the shortest route of approach, through the abdominal or vaginal wall, into a collection of exudate, or pus, and establish drainage without exsecting any part of the anatomy.

After I had for seven years been governed mainly by the leucocyte count for determining the safest time to perform visceral exsections, Dr. Simpson, in his ad-

mirable paper before the American Gynecological Society in 1909, described *his* crucial test. Any of you who may be interested in his work, are urged to read his paper, as published in the Transactions of the American Gynecological Society, for that year. I am without knowledge as to the exact date Dr. Simpson began the work upon which his just claims were doubtless based. The earliest date of any case referred to in his paper is of the year 1908. Dr. Simpson, in his paper, did not once refer to examination of the blood as an aid in selecting the safest time for operation. His test is just as distinct a procedure as is the total leucocyte count, by which I have for so much longer a time been guided. He, in one way, and I, by an entirely different course of procedure, have attained, as I believe, most reliable and gratifying results.

Dr. Simpson considers that the ordinary gynecological examination, including the employment of bi-manual palpation of the uterus and its appendages, generally effects sufficient traumatism to give the patient a dose of toxins or to reinfest the wall of the pyogenic sac, and a little later cause a rise in the temperature of the patient. Therefore, realizing the possibility of a positive reaction following as a result of an examination, we in hospital service, at the conclusion of the first and any other manual examination of a patient, generally place an order to have pulse and temperature taken and recorded after frequent intervals, in accordance with the technic of Simpson.

Fearing the possibility of rekindling infection by examination, we have made rather frequent countings of the blood for abdominal and pelvic cases, and when the reports indicate that blood and other criteria have returned to the normal line, we then employ the test of Simpson, as a confirmatory procedure.

From reading the wonderful little red book of Ochsner on appendicitis and also the second edition of his book, with its *green* binding, I judge that he made no special point of the leucocyte count as a criterion, nor yet of the other and also entirely distinct test of Simpson.

A visitor to one of the greatest clinics in this country reports that it is the practice in that clinic to avoid operation for the removal of the diseased appendix vermiformis within less time than four or five weeks from the last attack. As to whether in that particular clinics, a daily study of the pulse and temperature is made for days prior to operation, and the readings employed as

here advised, was not stated. Nor was it stated whether the test of Simpson and his recommendations were followed.

I believe a tremendous and also an avoidable mortality and much needless morbidity has accrued from the practice of indiscriminately operating upon these patients as soon as seen. I feel most grateful and proud to have long since broken away from such procedures. The symptoms or criteria which caused the multitude of surgeons to perform visceral exsections at once are the very symptoms or criteria, which have led me for the past fifteen years to avoid such exsections until the patient was thought to have recovered from attack.

THE PROSTATE QUESTION.*

BY STANLEY R. WOODRUFF, M.D., F.A.C.S.
Bayonne, N. J.

That a "Prostate Question" does exist is apparent. Writers are filling the journals with their different views pro and con on the various phases of the diagnosis and treatment of prostatic disease. That the surgeon should discuss this question with himself on each case is imperative today. The direful mortality rate of prostatectomy of a few years ago points with unerring finger to this fact. The temporary let up of the operator in his careful scrutiny of prostatic cases will mean immediate disaster.

In the first place a prospective case should be looked at from the generalized point of view whether he should be operated at all. Just because a hard lump is felt per rectum and diagnosed as enlarged prostate is no real, sane reason why a man should be at once led to the operating table to undergo one of the most serious of operations. Remember that an enlarged prostate is the heritage of old age. Thus, in the first place, we must do an extremely dangerous operation on an old man. Think over the advisability of such a step. Look over the patient over carefully—consider his age—his apparent muscular tone, the condition of his blood vessels, his urine and, not least, his mentality. Listen to his heart and lungs and find if they are going to stand such a strain. Have an extremely thorough physical examination of the patient made by some one who knows how. In other words—before you operate, be sure

*Read at the 152nd Annual Meeting of the Medical Society of New Jersey at Spring Lake, June 25, 1918.

he is worth operating on. He may be of advanced age, have only a little residual urine, a little frequency, very little cystitis, or perhaps on the other hand he may have severe cardio-renal disease, asthma, emphysema or some complication that would only make the operation a stepping-stone to his early demise. If so, let him alone to live out his expectancy. He will only live a short time at best, so don't hurry him off.

Having decided the patient to be a fit subject for operation we pass on to the next step in our consideration which is the diagnosis. The advisability of an absolutely correct diagnosis is imperative. There are a number of different conditions that will give frequent urination, hematuria, residual urine, incontinence and dribbling. It is very annoying—yes, even mortifying—to open a bladder and find no prostate to remove. You may find a stone; if so, that may help you out, but how are you going to explain yourself if you find a large bladder tumor—a diverticulum or only an ordinary cystitis? The tabetic bladder gives practically the same symptoms as a prostate. Tabetic bladders are very numerous and are often seen without any other symptoms of tabes being present. I have had a large number of these cases sent to me for operation where a prostate did not exist at all. Diverticulum is a frequent complication of prostate, and many prostates have been removed, and residual urine and cystitis remained as before operation. All these errors could have been avoided by a preliminary cystoscopic examination of the bladder. A proper cystoscopic examination is really essential in diagnosing prostatic obstruction and eliminating complications. For this purpose the straight cysto-urethroscope of McCarthy is ideal, because one can fully observe the bladder and find any tumors, calculi, diverticula or other conditions that may exist, as well as inform himself of the amount and character of the intra-vesical intrusion of the prostatic lobes or distortion of the sphincter. I have observed small, pedunculated, lobular intrusion giving a large amount of residual urine with its accompanying symptoms, that have been easily destroyed and the patient cured by burning away with the high frequency current and no further operation has been necessary.

The instrument may be pulled down into the posterior urethra and the amount of intrusion of the lateral lobes noticed. This is most important. A proper cysto-urethoscopic examination of the patient gives one

information that no other method can, and no case should be operated until this is done. The prostate may not be greatly enlarged downwards and rectal touch discloses nothing, but the cysto-urethroscope may disclose large intra-vesical intrusion.

Carcinoma of the prostate must be excluded and this is done mostly by the character of the rectal touch. Size of the prostate, hemorrhage or residual are no definite means of arriving at a conclusion, but the peculiar stony hardness, flat, fan-shaped mass felt is characteristic. A carcinomatous prostate is in fact generally smaller than the usually enlarged gland. There is less bladder residual but often severe loss in weight and rectal symptoms, as pain, tenesmus, etc.

Urethral stricture is frequently missed and the case considered one of prostatic origin. Prostatic hypertrophy and stricture of the membranous urethra are almost never seen together.

In considering the clinical findings of a prostatic case our attention is generally called first to frequency of urination. This is due in the early stages to urethral engorgement and sphincteric interference, and is nocturnal in character. This differentiates it from stone which is diurnal in character with nocturnal rest. Pain and tenesmus are later stages, when infection has stepped in. Hematuria may be present and is either total or terminal in its character, and not particularly significant of any thing. Hematuria due to traumatism by catheterization is most important and often leads to urinary retention, and immediate operation because of the impossibility of catheterization when severe bleeding ensues.

The amount of residual urine is not often as important as its character. A clear, clean, uninfected urine means a clean, aseptic bladder wall to work on with a minimum of kidney infection, while a foul, infected residual means an infected bladder, blood sepsis through absorption of this material and more or less pyelitis and pyelonephritis. Cabot¹ claims this is an advantage to a certain extent in that it acts as a vaccination against post-operative infection. In the absence of preoperative bladder infection he advises the use of vaccines as a routine procedure to create immunity. A most interesting thought.

A large amount of residual should be thoughtfully considered as—even if uninfected, it is a serious menace to the successful termination of the case. A large residual means a dilated, atonic bladder—probably dilated ureters with some hydro-

nephrosis and compression, and absorption of the kidney secreting substance.

A systolic blood pressure of above 155 should be considered too high and particular stress should be placed on the pulse pressure as indicative of the myocardial strength.

The value of pre-operative treatment is already fixed. It is the most important part of our prostatic surgery. No longer a man is admitted to the hospital on one day and his prostate removed the next. The whole success of our work consists in the pre-operative preparation. First a chemical blood examination must be made for ureanitrogen, uric acid, and creatinin. Squier² was the first to draw attention to this very necessary procedure. He found that phenol sulfonephthalein could not always be depended on to give the real kidney picture; but that the amounts of retention of these waste products in the blood was a far better and more accurate guide than a chemical examination of the urine. In other words, the elimination that the kidney was not doing, as shown by the examination of the blood, was of far more importance than to show what it really was doing as pictured by the examination of the urine. Creatinin in particular, is of the greatest importance, because of the fact that if found in amounts of over 5 mg. per 100 c.c. of blood, such cases always went bad. Creatinin being of endogenous origin cannot be changed to any extent in the blood by diet or other treatment, and we have learned to leave such cases alone.

The test of the kidney function by phenol-sulfonephthalein should be done in all cases. It is a fairly good indicator. Its only drawback being that it shows the condition of the kidney only at the exact time of its administration. The functional ability of a kidney may vary over a wide range and in a few hours, so that frequent tests with thalein are necessary for correct information from time to time. The exact percentage of thalein that portends a successful case is rather impossible to state. Some prostatics with a small excretion have been known to survive, but an excretion of less than 25% in two hours must be viewed with suspicion.

The pre-operative treatment then—consists in the first place of the necessary hygienic and dietary measures to improve the blood and urinary findings as well as the general health of the patient. Next is the removal of the residual urine, the accompanying cystitis, and the lessened kidney

function. The method of removal of the residual urine varies with each individual case. Daily catheterization, or an indwelling catheter, is indicated when suitable. If this is impossible because of bleeding, irritation or an irascible patient, then the suprapubic opening and drainage through a tube must be resorted to. All three of these methods may be indicated in the same patient, depending upon conditions. Bladder irrigations are necessary if infection exists.

All this time by diet and rest we are getting our patient in condition for his prostatectomy. Frequent functional tests with thalein and blood chemical examinations are made to check up our results.

When is the patient ready for the final enucleation of the gland? This view must be taken in prospective and the entire data checked up before a conclusion is reached. As a rule the patient may be considered to be operable when he has no temperature, when his blood and urine pictures have approached to nearly normal, and when his appetite and general condition are such that he wants to go home.

How shall he be operated? In discussing the merits pro and con of the one-step or two-step methods of prostatectomy it is well to bear in mind that at the present time no urologic surgeon does a bona fide one-step prostatectomy. He always precedes it with a certain amount of catheterization and pre-operative treatment.

What is the advantage and in what class of cases may the one-step—so-called—operation be used. The chief advantage is a wide, clean-cut opening into the bladder, allowing the whole hand to get within its cavity and a consequent proper enucleation of the gland and a good inspection of the wound after its removal. It necessitates only one operative procedure. It is to be advised in the younger patients—those having little infection, small residual, good kidney elimination as shown by blood chemistry and renal functional tests.

The two-stage method is not an advised procedure at all. It is a necessity in older men with poor muscular tone, with large residuals, infected bladder and poor renal output. It becomes absolutely imperative in that class of cases that we see admitted with severe bleeding—acute retention and high temperature with often traumatism from attempts at catheterization.

The choice of the preliminary suprapubic opening depends on the condition. With free bleeding, high temperature, and urethral traumatism the safest procedure is

incision with the introduction of a large drainage tube. In the ordinary case with large residual, poor physical condition but no acute symptoms, a small opening, or stab wound may be made and a Pezzor catheter inserted or a catheter threaded through a large trocar as advocated by Lower³.

The pendulum at the present time seems to me to have swung entirely over on the two-stage side of the question. I believe this is a mistake. I believe certain classes of cases belong to one side, and certain classes to the other. The thoughtful surgeon will pick out his own classification for each case. I deny however, as I stated before, that there is a real, bona fide, one-step prostatectomy being done at this present day. My personal mortality rate with the one-step operation has been far less than the two-step method because of the better class of risks.

Which is the better method of enucleation of the prostate—by the suprapubic or perineal route? Strange to say I believe this question can be very easily answered. It is entirely a personal equation. The condemnation of one or the other method by different observers only serves to show that each one in the proper hands is as nearly perfect as surgical technic can make it. The operator who is thoroughly familiar with the perineal route had better keep away from the suprapubic method and the vice versa holds good.

In behalf of the suprapubic we may say that it is easier—that post-operative fistulæ are less often present, and if present, are less annoying and that incontinence is rarely seen following it.

In behalf of the perineal operation it is advocated that the post-operative drainage is in the natural direction,—that the operative field is always under the eye of the surgeon, and consequently hemostasis is perfect, that post-operative shock and sepsis are reduced to a minimum and that vesical sphincter is untouched.

The suprapubic route seems to be in best repute at present with the larger number of surgeons. This in face of the great success that has crowned the work of some of our brilliant operators in the perineal route. It is better adapted to those not so skilled in urology, because it is easier. Either operation is no job for the casual surgeon, or one who has not served an apprenticeship in the great field of long experience or in a first-class urologic clinic.

To me the perineal route seems most feasible, but having been brought up in the

suprapubic school my learnings have been mostly in that direction. To do one or the other operation well is sure to bring success. The large, smooth, regular prostatic enlargements I have always taken out suprapubically. The small, fibrous, nodular, evidently adherent prostates with peri-prostatic infiltration, I have removed from below. I think both routes have their advantages and sometimes their disadvantages.

As regards the vesical sphincter post-operative, Hyman⁴ has made a very comprehensive study of the normal bladder and its sphincters, the bladder with prostatic hypertrophy and the changes following suprapubic prostatectomy. He found after suprapubic prostatectomy that in nearly all cases there were two distinct cavities—one of the bladder and one of the cavity from which the prostate had been removed; that the internal vesical sphincter remained dilated and that urinary control rested only with the external sphincter and the intrinsic muscles of the posterior urethra.

Watson⁵ in a study of 25 cases following perineal prostatectomy showed in every case a complete closure of the bladder at the internal sphincter. However, it is easily proven that complete destruction of the internal sphincter does not necessarily mean loss of urinary control, for even if it is more or less obliterated in the suprapubic operation, incontinence is very rare indeed.

In conclusion. Successful prostatectomies may be done by skilled men with any stage operations either through the perineum or above the pubic bone, if the proper preliminary examinations and pre-operative treatments are followed out.

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DISCUSSION.

Dr. William J. Chandler, South Orange: I have been very much interested in this paper and I only speak because in the beginning of the paper I thought Dr. Woodruff was going to say something discouraging about prostatectomy. I believe that prostatectomy is one of the best operations we have, the only objection being the age of the man and his consequent inability to withstand any operation. I have never performed the suprapubic operation but always the perineal, according to the method advocated by Dr. Parker Syms. I understand that Dr. Hugh Young is now leaning

to that route of operating. Dr. Parker Syms, by his perineal method, has had a mortality of less than 5 per cent., and that is a good showing considering the age of these patients. In the last paper he read on this subject, in a series of 70 consecutive cases, there were no deaths, which is certainly a very good showing. The results that one obtains depend very much on whether he is accustomed to doing the operation. One gets the best results with the operation with which he is most familiar, and personally I get most satisfactory results with the perineal operation. Carcinomas are usually very difficult to remove because the symptoms in the beginning are very vague and are often unrecognized or attributed to the ordinary changes in the senile urinary system.

Dr. Ellis W. Hedges, Plainfield: I have operated on 15 cases, 10 by the perineal route and five by the suprapubic and fortunately all recovered, and all but one gained control of the bladder, and have been comfortable. There were three cases which proved to be cancerous and in these there was a recurrence within a year. We all learn by our failures as well as by our successes, so I want to refer to an accident that I had in a recent case. I was enucleating a very large and a very adherent gland by the perineal route and I did not have the entire finger in the rectum. I tore through the sphincter of the bladder and one-half of the gland spilled into the bladder. Then I tore into the rectum and the other one-half of the gland went into the rectum, so there I was with one-half of the prostate in the bladder and one-half in the rectum. I sewed up the tears, but a fistula resulted. After I finished the operation I went home in fear and trembling for the consequences. The result was a perineal fistula and a rectal fistula. The rectal fistula lasted for about six months and finally that closed. After nine or ten months the patient gained control of the bladder and it did not leak at night. Then he would have two or three good days at a time. I saw him on Saturday and he told me he could control his bladder in dry weather, but when it rained he sprinkled too, so I told him he should loan himself to the Weather Bureau as a weather forecaster. There is one thing I want to ask and that is when a patient comes and tells us that he has increased urination and one would doubtless find that he had an enlarged prostate, a great deal is said about removing the prostate in such cases, but nothing is said about remedying the condition without operating. I have had a little experience with the high frequency current, using the d'Arsonval current with one plate over the prostate and the other over the bladder, and using milliamperes. I have used this treatment in five or six cases and none of them have come to operation. Others have been relieved and were quite comfortable after two or three treatments. I would like to ask Dr. Woodruff if he has had any experience in this line. I have spoken to two or three urological surgeons about it and they have pooh-poohed the idea and said it was not worth while to waste time in that way.

Dr. A. H. Lippincott, Camden: When you stop to consider that the majority of men who come to us are old men and that the mortality of these cases under medical treatment is nearly 100 per cent., it makes this paper more im-

portant because it gives us new proof of how we should proceed in these cases. The men that we see in Camden are usually very old men who have had one or more attacks of retention and have been using a catheter for a long time. When a man comes to us who has been damaged by an attack of retention and who has a distended bladder and possibly bleeding, since in such cases we have been paying attention to pre-operative care, the mortality has been much reduced. I believe in the suprapubic type of operation. I believe in building the patient up for a large operation; sometimes it takes a week and sometimes ten days, while at other times a longer period of preoperative treatment is required. One cannot do these things by rule of thumb. It is a question of the individual patient. If one gets a sufficient quantity of urine with a good specific gravity and the bowels are operating properly, are free from gas and the patient is in fairly good condition, one can then operate. My experience has been mostly with the suprapubic operation. In the beginning of my work in urology I used the perineal route, but I had a case of sinus like those Dr. Young speaks of and since that time I have been confining myself to the suprapubic route. The point that I wish to emphasize in these cases is the value of the treatment post operative, especially the importance of attention to the drainage after operation. The ordinary urological ward as a rule does not have good nursing facilities and the nurses are not interested, but if you get a well trained orderly he will often do more to bring the patient around and to secure a happy result than will the operation itself.

Dr. W. F. Faison, Jersey City: I do not know of any subject that could be of more interest to me than this one. For the last year I have been more interested in it than ever before, because both Surgeon-General Gorgas and Surgeon-General Braisted told me to stay at home. The key note of the paper is the importance of proper care of the patient before the operation and afterwards. The sudden emptying of an enormously distended bladder is a very serious matter and is fraught many times with catastrophe. Judd says that it is the relief of the hydrostatic pressure that causes the acute nephritis. I have had several cases in which insanity followed the sudden emptying of a greatly distended bladder. I had one case in which the man remained insane for four months and then recovered. The suprapubic operation may be done in seven minutes. Fifteen years ago some simply went in with the finger, in an incision in the urethra and cleaned out the gland. That is very dangerous business. The suprapubic operation is the safer method for a man to employ when he has not operated on many cases.

Dr. Woodruff, in closing: There is not much that remains to be said. Dr. Hedges asked about the care of cases if they were not operated upon and what we were going to do with these cases before operation. I believe that if a man has a prostate sufficiently large to cause symptoms he has prostate that should be operated on. I believe that is as absolutely certain as it is that if a man has a leg sore enough to cause him to limp that there is something wrong with that leg that requires attention, and if a man has a prostate sufficiently large

to cause symptoms that prostate should be operated on, because if a prostate is once enlarged it will never go down and the tendency is to enlarge. When a prostate is large enough to give symptoms it should be operated on while the kidneys and heart and general condition of the patient are good. If everything is in good condition one gets 98 per cent. successes. I do not believe in 100 per cent. successes in prostatectomy; that is too good. I have been working in a school where we have some of the best operators in this country, and while one may read about 100 per cent. of cures I think we must accept that with some doubt. We see many prostatectomies and I think prostatectomy is a serious operation.

The high frequency current I have had no experience with at all. Where one has a lobulated intrusion that sticks up from the sphincter that may be burned away with the high frequency cautery and often this may be the only type of enlargement existing at the time. Reference has been made to the accidents following the sudden emptying of the bladder. This is due to the effect on the sympathetic nervous system. The sudden letting off of a large amount of urine undoubtedly affects the sympathetic nervous system and may cause shock sufficient in some instances to cause death. We have observed two cases which have died from catheterization of an overdistended bladder, death taking place within two hours' time. Most of the cases of mania following the catheterization of an overdistended bladder are due to uremia.

MODERN ASPECTS OF NEUROLOGICAL SURGERY.*

BY H. G. DUNHAM, M. D.,
New York City.

Surgery of the central and peripheral nervous system has entered a new epoch during the past fifteen years, while brain and spinal cord advances, stand in the front rank. The brilliant achievements possible to-day with intracranial work are due primarily to the fundamental principles evolved by Cushing and also in part to the great strides in better operative technic.

The scope of this field of work is wide. Three factors tend to retard its more rapid advance:

(a) The general practitioner, who has not had sufficient neurological training to recognize early alterations suggestive of organic lesions;

(b) The surgeon who considers such a lesion as a possibility but is uncertain and won't co-operate with a trained man in the work;

(c) The surgeon who does a little, but not enough to meet the indications of the condition because he has not had the spe-

cial training, is therefore not sure of himself and hesitates to assume the greater responsibilities which the needs demand in more intricate cases.

After witnessing trephines with dura left intact, and even more extensive craniectomies with dural integrity preserved, for possible cortical hemorrhage and for acute cerebral edemas, it is plain that these remarks are neither imaginary nor exaggerated.

These are merely some phases of the situation as they have come in my own province many times during the past few years and have left their impression with relation to this specialty—tending to retard the work on the one hand and throw it into disrepute on the other.

It demands special training just as truly as any other branch of the work and no reasonable member of the profession would recommend an ophthalmic surgeon to remove a tumor of the spinal cord!

Recognition of the fundamental principles underlying the various surgical conditions of the nervous system is within the scope of all practitioners and it is their duty to bring this knowledge within their province in order that the patient may have the benefit of intervention at an early and favorable date instead of becoming a derelict from indifference or neglect.

It is true in this field, just as in other lines of surgery, that a certain proportion of operations can be palliative only, but those conditions which are most amenable to successful treatment are frequently too long postponed because of no diagnosis.

The spastic paralyses of children following birth hemorrhage, with resulting clot and varying degrees of motor impairment, could in many instances be largely or entirely prevented by diagnosis soon after birth, and operation before the blood becomes an organized clot, closely adherent to the cerebral cortex.

While comparatively, great improvement may be obtained in these patients even after the lesion is well established, merely by offsetting the foreign pressure by a subtemporal decompression, it only the more strongly emphasizes the indication for early intervention. The usual history in these cases is one of difficult labor, forceps delivery with much trauma and often convulsions directly following birth or some weeks later, frequently persisting at irregular intervals. In some instances the damage is the result of delivery in breech presentation.

In every one of these patients where any

*Read before the Morris County Medical Society at Morristown, N. J., June 18, 1918.

doubt exists, there should be an early ophthalmoscopic examination of the discs for any sign of intracranial pressure, as well as a lumbar puncture, and when indicated, an exploratory decompression should be performed without delay.

Brain tumors and brain abscess—that fruitful field for neurological pessimists and nihilists—are repeatedly taking their toll because the verdict is “too late,” and many times not because the character of the growth or location of the abscess spells disaster. Earliest possible diagnosis and exploration are the only safe treatment for these conditions. Many tumors are encapsulated, grow slowly, and can be entirely removed when attacked early.

Most of the new growths of the cerebello-pontile angle are the encapsulated, fibro-endotheliomata, extremely favorable to early surgical intervention and a subject which has been brilliantly set forth in Cushing's recent monograph. Slight weakness of the face, twitching of an extremity at intervals, or deafness without alteration of the tympanic membrane, should demand a thorough neurological examination to rule out a new growth within the cranium.

Even in irremovable tumors of the brain, impossible on account of inaccessibility, or due to the nature of the growth, such as an infiltrating glioma, a single or bilateral subtemporal decompression will often preserve the sight for a long time and relieve the frightful and exhausting headaches arising from dural pressure. In osteoplastic head work where intracranial pressure is extreme, it is often advisable to precede the more radical surgery by a subtemporal decompression.

The work on *fractures of the skull*, during recent years has revolutionized former ideas on this subject. It has been demonstrated beyond question that the most vital factor associated with these conditions is an acute cerebral edema, sometimes, but not by any means invariably, complicated by hemorrhage and less often by fracture of the vault of the skull. The pressing need in these patients is for constant attention during the acute stage, in order to determine whether the fluctuations indicate a gradual subsidence of the edema, with a tendency to return to normal, or an increase, with characteristic signs of medullary compression and the warning to intervene early if the patient is to be rescued.

Where hemorrhage is superimposed, giving definite focal signs such as a paralysis or convulsive seizures, no time should be lost in subjecting the individual to operation

as soon as sufficient reaction from the initial shock is in evidence to tolerate surgery. Every fracture of the vault causing pressure should always be removed at the earliest possible moment, whether a subtemporal decompression be performed or not.

X-ray is of value only where there is alteration in normal bone continuity. Edematous brains give no shadowgraph and very few intracranial tumors are of the consistency and character to reflect their nature by means of the x-ray, whose field is comparatively restricted at the present time in head work.

In *hydrocephalus*—much definite improvement can be obtained where the degree is mild and the child observed and treated early. The cerebro-spinal fluid drainage by means of linen strands from ventricle to scalp tissues—for internal and the much less common type—or from cortex to scalp tissues for the external variety, takes care of much of the excess fluid. But in those extreme cases, and of long standing, where the greater portion of the brain tissue is already absorbed, and the intracranial cavity practically little more than a vast reservoir of cerebro-spinal fluid, such pathology needs no commentary.

The same principles apply to all other intracranial conditions. Gasserectomy to-day is not the formidable procedure of a few years back, as a result of advanced knowledge and greater skill, and should not be denied those frank cases of well-established trifacial neuralgia.

Spinal Cord—surgery offers no fewer possibilities than brain work. The technic is comparatively simple in trained hands and the risk not great where modern conditions prevail.

In all phases of nerve surgery the item of first consequence is early recognition and treatment and this applies particularly to conditions of the cord, whether due to pressure, from a fractured vertebra, tumor of the cord, cyst or hemorrhage, so that extreme or permanent damage may be prevented.

Concerning the technic of central nervous system operations, enough has been accomplished during recent years to make a few salient points stand out in sharp relief.

Asepsis, hemostasis, and anesthesia, comprise an essential tripod for desired results, with asepsis always in the front rank and rigidly beyond any compromise. This point has been so carefully worked out, that an infection in a clean operative field is inexcusable.

In cranial work, the vertical, subtemporal

decompression is the operation most frequently employed because of its wide application to conditions affecting the brain; where other procedures would be either unavailing or wholly unnecessary. It involves the least risk of any operation on the head and with modern technic for hemostasis, the hemorrhage should be negligible in most instances. There are always possible complications which may arise at any time and which the trained man constantly keeps in mind, but with caution and judgment, rarely should a serious complication present itself during this operation.

The superior advantages of the vertical incision over the old curved, or "horse-shoe" incision are: (a) preservation of the temporal muscle which is separated in the vertical incision instead of having its fibres cut through; (b) much less chance of destroying or greatly weakening the integrity of the fascial attachment to the temporal ridge, which makes it a strong, protective covering for the brain when intact; (c) this incision enables the operator to reach the thinnest portion of the skull and thus the middle fossa can be drained with great facility in conditions indicating it; (d) hemostasis is much more effectively controlled in approaching the bone by manual pressure each side of the incision and all the branches of the temporal artery are not cut as in the old incision. It would seem needless to remark about the dura, were it not for the fact that the question is so often asked, if the dura is opened. The dura is always widely opened over the decompression area in the subtemporal region and left open, otherwise a decompression would not be effected with a dense, white fibrous tissue binding down a swollen cortex!

Naturally, this treatment of dura does not apply to osteoplastic flaps where the bone is replaced against brain tissue. Here the dura is resutured over the cortex.

Much work is being done at present on peripheral nerve surgery which is receiving more intensive study than heretofore and this is particularly true in the battle zones of France.

Brachial plexus injuries in civil life resulting from trauma, most frequently during delivery in breech presentation, are showing excellent results where early treatment is adopted in those cases indicating operation.

The crux of this field of endeavor is trained observation, early diagnosis and modern technic faithfully adhered to, all of which demand co-operation among the pro-

fession at large and epitomize the essence of progressive medicine.

Clinical Reports.

FACIAL PARALYSIS IN EAR DISEASE.*

BY B. M. HOWLEY, M. D.,
New Brunswick, N. J.

(1) A. P. came to see me, complaining of loss of hearing in the right ear with pain. He also complained of a numb feeling in the right side of the face. Examination of the ear showed an Acute Otitis Media. There was a loss of hearing with a partial facial paralysis. In two days there was a complete facial paralysis on the right side. Diagnosis was made of an acute otitis media with Bell's paralysis. This man was under my care for two months, during which time the paralysis disappeared.

(2) The next case was a little girl about twelve years of age, referred to me by Dr. J. P. Schureman. There was a history of earaches for some days with a slight discharge; with pain over the mastoid. Diagnosis of Acute Mastoiditis was made. We operated that day and on opening the mastoid discovered pus. We did a complete removal of bone cells. It was only a simple mastoidectomy, and at no time did we go near the facial nerve. There was quite an oozing of blood, so the wound was packed and three or four sutures put in the upper part of it and a heavy and tight dressing applied. The next day there was a facial paralysis, which became more marked a day or two later. The dressing was found stained well with blood when the wound was dressed on the third day. As we had been careful in our operation and had not gone near the facial nerve, we made the diagnosis of facial paralysis from pressure due to post-operative hemorrhage. I saw the patient eight weeks after the operation and she had improved very much, although still showing signs of paralysis.

(3) The next case was a little boy about six years of age, referred to me by Dr. A. L. Smith. About the time he came to me he complained of some pain in the right ear, and an examination of it showed a Sub-Acute Otitis Media. The next day I saw him; he was very deaf and complained of his right ear. Examination of his throat showed a tonsillitis with a couple of mucus

*These cases were reported at the May meeting of the Middlesex County Medical Society.

spots. There was a loss of landmarks on the tympanic membrane but no decided bulging. There was no pain or pressure over the mastoid. It was one of those questionable cases, whether to do a paracentesis then or later, and I decided to do it later, but was delayed that day in New York.

Dr. Smith saw him in the afternoon and found him worse; temperature was 105 and there was a beginning facial paralysis on the right side. I was delayed that day and was unable to see him until the next morning and then found him with a facial paralysis. There was no pain over the mastoid, but pain at the tip. The throat showed a tonsillitis and a pharyngitis, with a few mucus patches on tonsils and uvula. Diagnosis was made of an acute mastoiditis with a possible streptococcus infection in the throat. Dr. Leonard later confirmed the diagnosis of streptococcus infection. On opening the mastoid that day pus was not present, but the bone tissue was soft and mushy, showing infection. He recovered entirely from his facial paralysis in about four weeks.

Fractured Pelvis with Rupture in an Infant; Recovery.

Dr. R. W. Angevine, Rochester, N. Y., reports this case in the Boston Med. and Surg. Journal:

A female baby, 23 months of age, was recently admitted to the accident room of the Rochester General Hospital, suffering from injuries received in an automobile accident. According to the history, a rear wheel of a five-passenger automobile passed over the child's pelvis and lower abdomen.

The baby presented but few symptoms of shock, but was restless. Pain apparently was not great. Few physical signs were present. There were several superficial abrasions marking the line of passage of the wheel across the pelvis. The abdomen was slightly more tense than normal. There was no spasm or rigidity of abdominal muscles. No fluid wave could be made out, but flatness in the lower flank could be noted when the child was placed on either side.

An x-ray, taken immediately, indicated an oblique fracture of the left ramus of the pubis within 3-4 inch of the symphysis. Catheterization gave an ounce of fluid, containing a large proportion of fresh blood. An hour after the accident, a small catheter was passed and six ounces of sterile salt solution were injected into the bladder. Subsequent catheterization within five minutes yielded only two and one-half ounces of fluid, containing blood.

Under ether anesthesia, a mid-line incision one and one-half inches long was made just above the symphysis. Free fluid, containing blood and having a urinary odor, was present in the abdominal cavity. Inspection of the bladder showed a tear three-fourths of an inch long, extending antero-posteriorly along the bladder wall. This was stitched with catgut and the abdomen closed, a small rubber drain having been fixed in place and a catheter

passed. The drainage was removed after forty-eight hours. After operation, the child was placed in a canvas hammock swung over a crib.

The temperature did not exceed 100° at any time. The child made a good recovery after a convalescence without complications.

Carcinoma of the Stomach.

Dr. Aloys Heinen, Chicago, reports these cases in a paper in the Illinois Medical Journal, March, 1918, on "Early Diagnosis of Carcinoma of the Stomach":

Case 1. Patient, Charles M. (Polish), aged 42 years; occupation, janitor. Patient came to my clinic in October, 1915, complaining of stomach disturbance. A diagnosis of gastric ulcer was made and patient was put on a proper diet. Patient felt well for about four months, when he presented himself again in February, 1917, with complaint of stomach disturbance, which seemed to be a recurrence of the ulcer. The analysis of stomach contents after Ewald test shows: Free Hcl., 52; total Ac., 85.

Patient was put on proper diet again, with no results. Upon questioning the patient closely as to whether he had followed the diet strictly which had been given him the year before in October, he said yes, but he always had a disturbance after eating the mustard. He had mistaken the word custard and had used mustard, which was not included in the diet. Patient was sent to the hospital and a bland diet given. A stool examination was made for a period of about one week and occult blood was found on each analysis. I made a diagnosis of beginning carcinoma, and advised operation, which was performed by Dr. Norman Kerr. Pylorotomy and gastrojejunostomy were done, and a callous ulcer, with a nodule the size of a small pea, was found near the pylorus; and a slight infiltration of the pyloric orifice. Patient made a protracted recovery. Upon histologic examination of the specimen, it was found to be carcinoma of the medullary form. Patient has gained about 25 pounds, and is feeling well one year and ten months after the operation.

Case 2. August W. K., Peoria, Illinois; 66 years old; cashier, referred to me by Dr. Norman Kerr.

Past History. Patient had typhoid 14 years ago. Four years ago he had stomach trouble which recurred at intervals up to the present time. Patient now has a dull, aching, distressed feeling after meals, which lasts for about two hours. Belching relieves it. Patient does not vomit; he has lost about 15 pounds in the last year. Examination revealed a very small aneurysm of the subclavian and abdominal aorta; also gastroptosis. On abdominal palpation slight tenderness is found in the region of the pylorus. Chemical analysis of the stomach contents after Ewald test breakfast showed normal acidity, and occult blood present. In examining the stool for occult blood I found it present at each analysis for a period of a week. Roentgenography negative; also no retention of bismuth meal after 6 hours. One Riegel test dinner (motility test) reveals a slight retention.

A clinical diagnosis of beginning carcinoma at the pylorus was made, and operation advised and performed by Dr. Norman Kerr un-

der local anesthesia. Pylorotomy and gastrojejunostomy were done. The diagnosis of carcinoma was verified by the operation. The carcinoma was about the size of a small pea on the pylorus, with slight pyloric infiltration. In this case the diagnosis was based only on the history of the patient, slight tenderness in the pyloric region, and above all, the occult blood findings in the stools as aforesaid. Histological examination shows a round cell carcinoma. Patient left the hospital two weeks after the operation, is feeling well, and has gained about 20 pounds in weight.

Post-Influenzal Confusion with Exhaustion.

Dr. Tom A. Williams reports this case in a paper on "The Management of Confusional States," published in the Washington, D. C., Annals.

In May, 1915, a judge, aged 64 years, after a severe attack of influenza, remained very weak, confused in mind, and began to develop hallucinations and delusions of a vague character. Several consultants were seen without result, and he became weaker and and less clear mentally. The patient was in a typical condition of mental confusion. Deep reflexes were very faint, abdominal reflexes were absent, there was plantar flexion. There was paralysis and no anesthesia, so far as could be ascertained. The optic disk was not oedematous and showed no arteriosclerosis, but the superficial vessels had thickened coats, though the heart was small, the apex reaching only to the lower border of the fourth rib, one inch inside the nipple line. Systolic blood pressure was 102, the diastolic 60. The kidney function had been ascertained by Dr. Al. B. Hooe to be normal, phthalein appeared in ten minutes, to the amount of 30 per cent. and 34 per cent. in the first and second hour, respectively. But there was a large quantity of indican and a slight trace of albumen.

The patient was taking the following diet and medication: 2 A. M., beef juice; 3.20, ammonia; 4, red solution potassium iodide; 5.30, grape-fruit juice; 6.15, three tablets, egg, whiskey, milk; 7.30, ten drops B. P., adrenalin solution; 8, ten drops solution iodide potassium; 10.20, soft toast, coffee; 11.15, three tablets caffeine, strychnin, spartein; 12, ten B. P.; 12.30, ten drops solution; 1.30, beef tea; 2.30, ammonia; 3.30, three tablets; 4, custard, cream; 4.30, ten drops B. P.; 4.45, ammonia; 5, ten drops solution; 7, egg, whiskey, milk.

I considered this a case of acute exhaustion psychosis, partly toxic in character. The treatment prescribed was embodied in the following report to his physician:

As the patient is suffering from exhaustion, stimulants are contra-indicated, as the tired organ is incapable of further response to them; therefore, I think it wise to omit caffeine, the secondary effects of which increase the exhaustion. Strychnin should not be further given either; for it merely increases the discharge that is the exhaustion of energy of medullary neurones. Spartein is a nerve-muscle poison, the effect of which in improving cardiac activity cannot be maintained for long without greater nutritional capacity than the patient possesses. I see no advantage in the iodide of potassium. Furthermore, the basic element of this is a strong cardiac depressant.

Nor should I give the bromides during the effort to build up the patient, as they diminish metabolic processes and diminish resistance. Ammonia should be kept for emergencies only, as its effect is evanescent.

The regime I prescribed is as follows: 6 A. M., five grains of sodium bicarbonate in four ounces of hot water; 6.15, one orange; 6.30, breakfast, cereal and milk, one egg, crisp bacon; 8.30, massage, consisting of slow, deep pressure without friction; the purpose of this is to increase the vis a tergo of the circulation and thus aid the heart by saving its vis a fronte. Sleep if possible. On waking, about 9.30, five grains sodium bicarbonate in four ounces of water; 10 to 10.30, lunch, one banana, cereal and milk; 12 to 12.30, massage, sleep; 2 to 2.30, dinner, meat and potatoes, green vegetables; 4.30, massage, followed by five grains sodium bicarbonate in four ounces water; 6.30, supper, unpolished rice and milk, one banana. Between that and midnight, massage again when the patient is awake. For midnight lunch, graham crackers and milk are desirable. The quantity of milk at one meal should not exceed five ounces. After meals the patient should be given one capsule of "phytin," an organic phosphorus preparation of the Society of Chemical Industry of Basle. Beef tea and gelatin should be omitted as containing too much excrementitious materials, which are cardiac poisons. Coffee and tea should be omitted also. A small piece of bread, with or without butter, may be taken with each meal if desired. Water should be the drink, and should be given about one hour before each meal, but should not be restricted to that time if the patient desires it at any other. The adrenal principle should be continued; and I think it is better given as the dried gland, say three tablets a day to start with. I think that its effect might be improved by being taken along with one tabloid of "hormotone." If this diet is found to be too heavy, diminish the quantities at the commencement. If the patient suffers from the heat, cool sponging should be beneficial; and in any case its effect upon the innervation of the vascular system is usually most beneficial; the water should be used lukewarm. The best cereals to give are puffed grains, with an occasional change to oatmeal and the brown prepared wheats, such as Ralston's. If the patient should desire any one article of food, let him have it occasionally. When these measures were carried out, improvement was rapid; so that in four weeks the patient was able to be about, and the following term took his place on the bench, and remains well as this time.

Tooth Infection.

The following are some of the cases reported by Dr. O. T. Osborne, in a paper read before the New Haven County Med. Association:

A woman, aged 65 years, had intermittent glycosuria, chronic myocarditis, acute dilatation of the heart, some cerebral symptoms, and a small amount of disturbance of the kidney function. Streptococcus viridans was found in the mouth culture, and in a culture from the root of the tooth which was removed. Blood was not cultured. Outcome fatal.

A man, aged 25 years, had an endocarditis following a tonsillitis of some months before.

Blood pressure was too high; pulse was too slow; thyroid gland was enlarged; he had a mitral systolic murmur. Small glands of the neck were enlarged. Tonsils were removed three months ago. Two infected teeth were found by x-ray, and pus was found on removal of one of them. After several months he had not recovered his health, and was having an afternoon rise of temperature and a leucocytosis of 12,000, and was very weary and weak. Radiograms showed an impacted wisdom tooth and an adjacent pus pocket. This tooth was removed and the pocket cleaned. There was immediate improvement which has been progressive. The white count has become normal.

A man, aged 41 years, had had a blood pressure of over 200 millimetres systolic for a year or more; he had frightful headaches, terrible dizziness and insomnia, and had had a hemorrhage into one eye. There was no specific history. Uranalysis was constantly and persistently negative; kidney function was apparently perfect. When first seen the systolic pressure was 225 millimetres and the diastolic 130. He had five gold bridges and several crowned teeth; the gums looked clean but x-ray pictures disclosed pus. All the bridges were removed, giving noxious odors, and under three of them was found terribly foul pus. The man's general condition was markedly improved, the headaches and dizziness disappeared, and he was able to do a large amount of administrative work. The systolic blood pressure, however, remained constantly from 200 to 240 millimetres, with the diastolic never below 120, after one year of observation.

A woman, aged 36 years, had had little pinpoint eruptions over her body for the last three weeks. She had a subacute inflammation in one ankle and a questionable lump in one breast. She had several bad teeth, and some pyorrhea, and x-ray pictures showed tooth infection. The offending teeth were removed and the pyorrhea treated; no medicinal treatment was given. The eruption disappeared, the joint inflammation disappeared, and the lump in the breast disappeared.

A man, aged 55 years, had had a glycosuria for some time; losing weight on a rigid diet. He had no polyuria and no thirst. He had a set of false teeth on the upper jaw, but the lower jaw was in a terrible condition with pyorrhea. The teeth were fairly rotten; gums were swollen; some of the roots were fairly dripping with pus. Culture showed the usual pus germs. The teeth were removed and mouth was cleaned up. The glycosuria disappeared, and the patient was put on a diet which contained a limited amount of starch. The urine was for many weeks absolutely free from sugar.

The following is a case of great interest on account of the peculiarity of the symptoms:

A man, aged 59 years, was perfectly well up to May, 1916, when he began to be short breathed. In July he had all the serious symptoms of failing compensation of the heart, with dilatation, very low blood pressure, edema of the feet and legs, and was in bed many weeks. He improved under treatment sufficiently to be able to get up and about, but was utterly unable to do any work and could hardly walk. I saw him first in October, 1916. The pulse

then was 120; systolic blood pressure, 170; diastolic, 90. He had an aortic systolic, and a slight mitral systolic murmur. He perspired very easily, and the face flushed readily; he could not walk without dyspnea. The thyroid was slightly enlarged; there was no edema. He had a serious pyorrhea alveolaris and several infected roots and many teeth were broken down to the gums. His condition was too serious to stand an ordinary operation under an anesthetic, but at his home, under strychnine and suprarenal stimulation and local anesthesia, these infected teeth were all removed and the gums treated later for the pyorrhea. Within a week after the operation a tachycardia of 140 developed, and marked exophthalmos; he was trembly, nervous, and irritable, in other words, he presented a typical Graves's disease plus a damaged heart. His strength, however, rapidly improved, the heart became more regular, the mitral systolic murmur disappeared. Under treatment for hypersecretion of the thyroid the exophthalmos gradually diminished, the heart became less rapid, and his whole condition improved. From the beginning I was sure that he had thyroid disturbance, as he had symptoms that were unusual with an endocarditis or myocarditis, but something from the mouth infection was inhibiting all the symptoms of hyperthyroidism, and when that infection was removed, the usual symptoms of hypersecretion developed. This man gradually improved and became able to work, and my last record of him, in July, 1917, showed that he had been working for five months at his usual occupation, without any troublesome symptoms.

Nonmalignant Tumors of the Cecum.

Dr. M. A. Lanos adds a fourth to the three cases of this kind he has found on record. In none was the diagnosis made before the operation, the irritation from the pedunculated tumor having induced invagination. The tumors were lipomas or fibromas; in his own case a fibromyxomatous polyp. When the invagination was easily reduced, this was done; otherwise the segment of bowel was resected. Smooth recovery was constant.

Inflammation Recto-sigmoidal Strictures, Hitherto Undescribed.

Dr. Granville T. Hanes, in the January Interstate Med. Jour., describes a type of strictures which present the following characteristics:

- (1) It always involves the rectosigmoidal juncture, extending above or below this point.
- (2) There are wart-like excrescences that protrude from the surfaces of the strictures; these are very soft, friable and detachable. When destroyed, however completely, they return.
- (3) They bleed upon the slightest manipulation. The mucosa is very granular.
- (4) There is a characteristic grayish-white exude all along the stricture surface.
- (5) The patients have distressing diarrhea and tenesmus.
- (6) The strictured portion may involve four or five inches of the intestine.
- (7) There is a thickening of the layers of the intestinal wall.

Dr. Hanes believes that this condition is produced by some specific bacterium. He perform-

ed colostomies in three of eight cases which he saw in this condition.

Fractures of the Spine.

Dr. Charles E. Hawkes, Providence, gives the following account of 91 fractures, in the *International Jour. of Surgery*:

There were 91 cases of fracture of the spine distributed among 86 males and 5 females. The ages varied from 7 to 76 years. Sixty-two died in the hospital, a mortality of 68%. There were 35 fractures of the cervical spine with a mortality of 77%; 44 fractures in the dorsal region with a mortality of 68%; 13 fractures in the lumbar region with a mortality of 54%. Of the 29 survivors, 21 were more or less crippled by continued motor or sensory paralysis. These were in the hospital for from 7 days to 10 months. The best results were obtained in the lumbar region, the poorest in the dorsal.

Laminectomy was done 23 times with a mortality of 74%. No operation was done in 67 cases, with a mortality of 67%. The cases should not be operated upon as a routine measure. There should be some definite pathological condition demanding operation, indicated by symptoms and by the x-ray findings. The more important symptoms included unconsciousness, paralysis of different kinds, cystitis and priapism. The length of life after injury was as follows:

Of the fatal cases 14 died on the day of injury; 25 died before the tenth day; 10 died before the twenty-first day; 3 died before the end of the fourth week; 10 died beyond the last period.

Version—When Advisable?

Dr. Irving W. Potter, at the annual meeting of the Obstetrical and Gynecological Association, reporting on 150 cases since October, 1916, stated that version could be more often performed to shorten labor, to lessen the shock to the mother, and to eliminate undue pressure to the head of the child, but it should never be undertaken until the os was fully dilated or dilatable. The majority of occipitoposterior positions were best treated by version. Version could readily be performed in primiparae and injuries to the child's head were lessened. The face cases were better treated by version. Cases of prolapsed cord, where the cervix was dilated or dilatable and the cord still pulsating, cases of placenta praevia in multiparae with cervix dilated or dilatable, and cases of moderately contracted pelvis with a small child were best managed by version.

Prognosis and Treatment of Laryngeal Tuberculosis.

Dr. J. Dworetzky of Otisville, N. Y., in *American Review of Tuberculosis*, summarizes his views on laryngeal tuberculosis, citing cases from the Municipal Sanatorium to illustrate his points. Under prognosis the following factors are discussed:

1. The pulmonary condition. The character rather than the extent of the lesion determines the gravity of the individual cases. Other things being equal, however, smaller lesions are more favorable.
2. General condition, as indicated by tem-

perature, pulse, and respiration. A rapid pulse or steady subnormal temperature are grave prognostic signs.

3. Underlying disease. Gastro-enteritis or syphilis aggravate the prognosis by lowering the general vitality.

4. Type of laryngeal lesion. In the peracute type the condition is hopeless. Acute cases sometimes recover. Chronic cases are the most favorable.

5. Location of the lesion. When situated on the posterior commissure or on the true cords, where the mucous membrane is closely adherent, the disease takes a chronic course and the prognosis is more favorable.

6. The extent of the lesion does not necessarily influence the prognosis for life though a small lesion has less effect on the voice.

7. Early diagnosis is important especially in the subacute and chronic cases which are more amenable to treatment.

8. Early treatment improves the prognosis.

9. Complications. Neighboring inflammatory conditions tend to lower the resistance of the larynx.

10. Financial status. Ample financial resources, making possible a prolonged "cure" necessarily enhance the prognosis.

Treatment is considered under three headings, prophylactic, general and local.

1. Under prophylaxis is advised, proper care of mechanical and inflammatory conditions of the naso-pharynx, avoidance of abuse of the voice and of local irritants.

2. Since laryngeal tuberculosis is always secondary to pulmonary tuberculosis the main issue would be disregarded if the lung condition were not considered and dealt with.

3. Local treatment will vary with the individual cases. Need of vocal rest and treatment by various solutions looking toward cure or relief are discussed.

Electro Operative Bone Clamp.

Dr. Fred H. Albee has an able illustrated article in the May 18th *New York Med. Jour.* in which he described this new clamp of his own devising. In it he says: "I do not advise that this clamp be used to the exclusion of the traction table but on the contrary, strongly urge that it be employed in difficult cases, in conjunction with the latter, although it has been found that the clamp can be successfully used alone and is a most powerful instrument per se. In several instances of malunited fracture of the femur of several months' duration and with two-thirds inches of shortening (overriding), the fragments have been easily and quickly distracted and brought into alignment with little muscular exertion on the part of the operator for the reason that all the energy has been expended on the bone fragments themselves." He then adds, in considering the benefit of its use to the surgeon operating: "From an extensive experience with the most difficult cases of both flesh malunited fractures as well as with all other phases of bone surgery, I have been more and more impressed with the importance of conserving the surgeon's mental and physical energy and minimizing the element of muscular fatigue. As a matter of fact many bone operations have been poorly executed or their objectives unattained because of muscle spasm in the surgeon's forearm or other disability produced by the ex-

cessive physical exertion incidental to one or more arduous cases. The busy, overworked surgeon, whose physical and nervous economy is constantly running at the upper limit of endurance, should appreciate the importance of conserving his energies and should omit no means to that end; for instance, he should avoid carrying a heavy bag of instruments immediately before an operation, for even the trivial muscular fatigue and spasm thus acquired may militate to a greater or less degree against the smoothness of his work."

The important considerations in the treatment of fractures are, at first, relief of pain and reduction of swelling, and, subsequently, preservation of function of the muscles, the nerves and the neighboring joints. Hence the value of early and frequent massage and passive motion (and in suitable cases, of active motion), and the necessity for avoiding splints that unduly compress the muscles or deprive them of activity.—*Amer. Jour. of Surgery.*

Wire sutures are unnecessary and undesirable in operating upon the fractured patella or olecranon. Kangaroo tendon, which is slowly absorbed, is strong enough.—*Amer. Jour. Surgery.*

Medical Societies' Meetings.

American Society for Clinical Investigation.

The following officers were elected at the annual meeting of this society in Atlantic City, May 5 and 6: President, Dr. H. A. Christian of Boston; vice-president, Dr. G. Canby Robinson of St. Louis; treasurer, Dr. Alfred F. Hess of New York; secretary, Dr. Walter W. Palmer of New York; counselor, Dr. George Blumer of New Haven.

Gastro-Enterologists Elect New Officers.—At the twenty-first annual meeting of the American Gastro-Enterological Association, held in Atlantic City, May 6 and 7, the following officers were elected: President, Dr. Walter A. Bastedo, New York City; vice-presidents, Drs. Thomas R. Brown, Baltimore, and Franklin W. White, Boston; secretary-treasurer, Dr. Frank Smithies, Chicago, and recorder, Dr. Horace W. Soper, St. Louis.

Army Surgeons to Meet.—The Association of Military Surgeons of the United States will hold its annual meeting for 1918 at Camp Greenleaf, Fort Oglethorpe, Ga., October 13 and 15, under the presidency of Med. Dir. George A. Lung, U. S. Navy.

The Connecticut Association for Dietitians has recently been organized. The object of the organization is to promote closer co-operation between dietary departments and allied departments. While the founders are hospital dietitians only, membership is open to all who have contributed to and are interested in the advancement of dietetics. It is thought that there is a great need of better trained dietitians, and that this can be accomplished by close work among physicians, hospital superintendents, heads of home economics departments and hospital dietitians.

Miscellaneous Items.

Dr. Abraham Jacobi, who fought for freedom in the uprising in Germany in 1848, has accepted the place of honorary president of the Friends of German Democracy, an organization mostly of Americans of German descent who favor the destruction of Hohenzollern rule in Germany.

Ambulances Ready for Air Raid.—Five ambulances for use in connection with the Emergency Relief Organization in the event of an attack on the City of New York by enemy aircraft, submarines, or disaster of any kind, have been donated to the Police Department and have been placed in Police Department garages in various parts of the city. The donor of these ambulances are the Calvary Episcopal Church, Church of the Ascension, Knights of Columbus, Friars' Club, and the Fifth Masonic Division. The name of the donor appears on each ambulance.

Honor for Gen. Leonard Wood.

On the occasion of the return to America of Major-General Wood, who was the first American to be wounded on the French front, the medical students of the Faculté de médecine of Paris sent him the following resolution: "The medical students of the Faculty of Paris and the special students in the course of parasitology, filled with admiration and regard for Major-Gen. Leonard Wood, doctor of medicine, by reason of the fortunate initiative taken by him at Havana in the fight against yellow fever and of the salutary measure which he ordered taken, thanks to which this formidable scourge was completely suppressed, salute him as one of the most eminent promoters of modern hygiene and as a benefactor of humanity. They acclaim in his person the American army which has come to France to defend the right and civilization, and they hope for the speedy cure of the glorious wound which he received on the French front."

Military Course at Columbia Compulsory.—Full plans for introducing compulsory military training and for enrolling all students of the college in the Reserve Officers' Training Corps will be put into operation at Columbia next fall. It is calculated that there will be 850 men in uniform. The co-ordination of academic, military and athletic training has been worked out by Dean Hawkes, Colonel John P. Finley, U. S. A., retired, who will be professor of military science and tactics, and Professor George L. Meylan, medical director of the gymnasium, who will introduce the new ideas in mass and play athletics found by France to be invaluable for war. The plan proposes to take men who are not physically fit and make them physically fit. It is estimated that the percentage of students fit for high military service can be doubled by the training.

Insane Women Doing War Work.

About 100 patients in the State Hospital for the Insane at Middletown, Conn., whom heretofore it has been difficult to keep employed, are said to be contentedly engaged in knitting and making bandages.

Medical Triumphs of War Zone.

The N. Y. Tribune has an excellent account of an interview with Dr. Simon Flexner, Lieut.-Co. U. S. Medical Corps, in its issue of Sunday, July 28. We give the following extract, but the whole article is worth careful reading:

"The Great War, now approaching the close of its fourth year, has seen a smaller percentage of death and disability due to disease than any previous war of which there is adequate record, asserts Dr. Simon Flexner, director of laboratories of the Rockefeller Institute for Medical Research.

Without medical science the war conditions would be of unimaginable horror. The trenches of the Western front would be an unimaginable mass of diseased and suppurating flesh. In spite of the difficulties arising on a scale never before dreamed of, medical science and preventive sanitation have been able to control most of the familiar types of war disease and have reduced them to a point far lower than that of previous wars. New diseases have made their presence felt and rare infections have become common. But medical science has met most of these problems with adequate remedies, limited in their action only by the physical proportions and difficulties of applying them. A substantial list of new discoveries, methods, serums and antitoxins is the fruit of the scientific study of the war's medical problems, and some of these discoveries will retain a value to mankind in succeeding years of peace."

The Tribune article gives a picture of an Outpost of the Medical Battlefront—a distilling plant which furnishes safe drinking water to British soldiers in Flanders where all undistilled drinking waters are apt to cause disease.

True Thrift Not Niggardly Saving.

The Crusader of the Wisconsin Anti-Tuberculosis Association, February issue, says:

Thrift is wise spending, not niggardly saving. Thrift cannot be overdone. Saving can. Thrift does not mean penuriousness. It does not mean the stinting of children in the things necessary for their growth and development, physical, mental, moral or spiritual. It does not mean the stinting of grown people in the real necessities, although it does mean a cutting down of our extravagant use of necessities. It means the spending of our money, our time, our thought and our strength for the Best Things. To-day those Best Things are the essentials; luxuries, no matter how desirable in times of ease, have no place among them now. Waste, whether it be merely waste of food or our criminal waste of human life, never has. The county that refuses to build a tuberculosis sanatorium, because it means a few cents higher tax per capita is not a thrifty county. The government has declared thrift to be practical patriotism.

The Crusader quotes from the text-book on "Problems in Food" by Supt. Farmer of the Evanston public schools and Mrs. J. R. Huntington. We note the following:

In 1915 the following amounts were spent in the United States:

For patent medicines	\$300,000,000
For tobacco	600,000,000
For jewelry	200,000,000
For wines and liquors	1,669,000,000

If all these amounts were saved, how much would be the total saving? At the rate of one billion dollars per month for the war, for how long would the total saving finance the war?

In the last 30 years our population increased 75 per cent., while our production of women's clothes and millinery increased as follows:

Millinery, in 1884, \$9,580,000; in 1914, \$114,160,000. Women's clothes, in 1884, \$32,000,000; in 1914, \$473,880,000.

What was the increase in each? The percentage of increase. If the production of these two items had increased only as much as the population, how much would have been spent in 1914? How much would have been saved?

The yearly food waste of the United States is said to be fully \$700,000,000. It is estimated by the government to be 7½ per cent. of the total amount spent for food in each family. In 1915 the average person in the United States consumed 193.5 pounds of meat per year. Experiments show that the average adult man does best on one-quarter pound of meat a day. How many more pounds than he needs does he consume in a year?

"All Things Are Ours."

It is not what we carry in our pockets that makes us most truly rich—even though it be in gold or diamonds. The open eye to see the beauty that is in earth's poorest place; the thoughtful mind to watch the world's life and change and growth and working together; the interest in books so as to absorb their rich, warm life into your mind; the large heart to look on all around you with tender, loving sympathy, feeling their joys and sorrows, and having your single life multiplied as it were a hundred fold by interest into others—these things are what make man's being rich and full, and quick with the promise and potency of greater life to come.

Are You Ticklish?—Those individuals who are known as ticklish, and who protest when they are tickled by their friends may welcome this explanation by Dr. Crile:

Whatever their significance, therefore, it is certain that man did not come either accidentally or without purpose into possession of the deep ticklish regions of his chest and abdomen. Should any one doubt the vast power that adequate stimulation of these regions possesses in causing the discharge of energy, let him be bound hand and foot and vigorously tickled for an hour. What would happen? He would be as completely exhausted as though he had experienced a major surgical operation or had run a Marathon race.—Med. Review of Reviews.

Quackery.—What is a medical faker? Is the term to be limited to him who has no medical training and pretends the same, or is it to include all who really fake, even though they have M. D., M. A., or other addenda to their names? Is the great surgeon who permits his name to appear in a magazine section of the New York Times as "never having had a failure" any less a faker than the street vender with his wig and monkey? I hear a hearty NO!—F. F. Lawrence, Journal of Sociologic Medicine.

(See page 281 for additional items).

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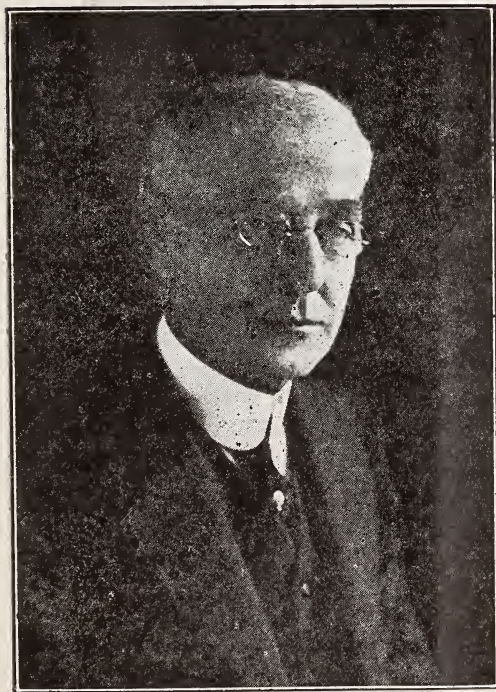
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All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

DR. THOMAS N. GRAY.



The Medical Society of New Jersey has met with a very great loss in the death of its Secretary—Dr. Thomas N. Gray. The Society's splendid record has been largely

due to the men who have served it in official positions and none have rendered more faithful and efficient service than the half-dozen men who, during the past 152 years of its existence have served in the secretarial office. Of those men, none have rendered more loyal, arduous and successful work than Dr. Gray during the past six years. His record of work is known to all our members; but one fact needs to be mentioned—that during the past year of stress and strain, because of the war's demands on the medical profession, when it has been difficult to maintain society organization, regular meetings and do active efficient work, Dr. Gray reported at the recent annual meeting of our Society the largest membership we have ever had, and the annual meeting exceeded in attendance and interest our most sanguine expectations; and this was largely due to his faithful secretarial work in the midst of other exacting duties, when he had not fully recovered strength from last winter's critical illness. Well done, good and faithful servant, expresses the judgment of the Society's entire membership.

We have received the following from Dr. Harvey, President of our Society:

Big Island, Maine, July 23, 1918.

My dear Doctor—I have just heard by wire of the death of our Secretary, my old friend, Dr. Thomas N. Gray.

Forty years ago four young fellows went into the old "P. & S." from Orange; they studied together, dissected together and quizzed each other for two years. Dr. Gray and I were two of this number, and ever since we have worked as colleagues in the same town, associated in many professional and social doings and there has never, during that long period, been any interruption of our personal friendship.

The doctor, during the last few years, has added more and more to the altruistic work that has been his interest during his entire lifetime. He has never spared himself. This was very evident in the work of the Medical Advisory Board during the past winter, to which he devoted himself with the enthusiasm and energy of a boy. All of us know how much of the success of the recent meetings of our State Society have depended upon his persistency in keeping up the membership and stimulating the interest.

His patriotism and loyalty were shown in his active participation in the work of the State Committee of Medical Defense.

Future meetings of our State Medical

Society will seem quite different without his presence and in his own county he is leaving a vacancy that can not easily be filled. He has gone to receive the reward due one who has lived the life of a conscientious, hard working Christian physician.

Yours sincerely,

Thos. W. Harvey.

ACTION OF THE TRUSTEES, JULY 25th.

The Board of Trustees of the Medical Society of New Jersey, this day assembled at the office of the President, Dr. Thomas W. Harvey, Orange, New Jersey, have heard with inexpressible regret of the sudden death of Dr. Thomas N. Gray, for several years the Society's most efficient Secretary. In his official connection with the Society, Dr. Gray was always courteous to all, prompt in the performance of his arduous duties, he was an indefatigable worker. So great is the loss the Society has sustained, that it will be almost impossible to find one who can assume the duties of Secretary, as capably and acceptably.

To his bereaved family we offer our sincerest sympathy, assuring them that their loss is also a loss to the Society and to the whole medical profession of the State of New Jersey.

May he rest in peace.

Resolved, That a copy of this minute be sent to the family of Dr. Gray and also that it be published in the Journal of the Society.

The Editor feels the inadequacy of words to express his personal sorrow and deep sense of loss in the departure of Dr. Gray. Six years of close association with him in our State Society work, enabled me to *know* the man; to appreciate his worth, his great fidelity and efficiency in the discharge of the important positions in our Society, and in other organizations he held, and his value as a friend and a brother practitioner highly esteemed and beloved. He freely gave—yes, sacrificed his life in service for the relief of suffering humanity and the increasing effort for the prevention of sickness and suffering. We shall greatly miss him and the great cause of preventive medicine will miss his advocacy and earnest endeavors, but the influence of his life and work will live on—can never die.—David C. English.

The following appeared as an editorial in the Newark Evening News, July 24:

An indefatigable worker in the cause of the public health, Dr. Thomas N. Gray,

whose death occurred Monday night, was at the same time not only a student of but a zealot against the worst of our modern plagues, tuberculosis. Well grounded in his knowledge of his subject, and unremitting in his efforts to educate as well as safeguard the public against the disease, he had done much in his three years' directorship of the tuberculosis division of the local Department of Health to bring it toward a high state of efficiency.

Those who were closely associated with him in the infantile paralysis outbreak of the summer of 1916 always will feel that Dr. Gray gave too much of himself to the exacting work of diagnostician, which devolved upon him unexpectedly, but fortunately found waiting to support it a man well versed in that subject as well as in his favorite one. He worked night and day throughout those trying months, when the little ones were being stricken in every section of the city by a malady as grave as it was insidious. After the ordeal had passed his health gave way, and he was compelled to accept a leave of absence in order to recuperate. He was then a wreck of his former self, and while he regained much of his vigor and returned to his duties with undiminished fervor, it may be said that he was never again as strong in body as he was at the beginning of that summer. Many of those who followed him through that period will feel that the end which has come so suddenly to a useful life was rooted in that summer's work.

SECRETARY CHANDLER.

We believe that all our members will endorse the action of our President—Dr. Harvey—in appointing Dr. William J. Chandler as Secretary of the Society to fill the vacancy occasioned by the death of Dr. Gray. He has had experience in the secretarial office and, at the present time, when the war makes it more difficult to maintain the Society's activities; when the transactions of the recent annual meeting need careful preparation for publication and there is other pressing need, experience counts, and the doctor was always faithful, methodical and efficient.

The following are interesting facts worth noting: In 1897, when the Editor of the Journal was president of the Society and Dr. Love the third vice-president died, he appointed Dr. Pierson—at that time secretary—third vice-president; then on Dr. Pierson's resignation of the secretaryship

he appointed Dr. Chandler as secretary of the Society, which position—by re-election annually—he held until he was elected third vice-president in 1912. And now—21 years after his first appointment, he becomes secretary again by presidential appointment. Further comment, in justification of his selection in 1897, and on the value of his fifteen years' service as our secretary is unnecessary. We congratulate him and the Society.

Secretaries of our component societies and all other persons having occasion to correspond with the Secretary of the Medical Society of New Jersey, will please address such communications to Dr. William J. Chandler, South Orange, N. J.

JOURNAL WORK HINDERED.

The absence from home, on their vacations, of several of our members whom we unsuccessfully tried to communicate with, and the loss in the mail of a package containing a considerable quantity of manuscript, has compelled the Editor to defer the insertion of two original articles and some other items. The death of our Secretary will cause considerable delay in publishing the transactions of the last annual meeting of the Society, and also the Society's Official List of Officers and Members. We regret the necessity of repeating the fact that no names will be inserted in the List of members whose dues for 1918 have not been received by Treasurer Mercer. If any have paid to their county treasurer, and he has not paid them over to the State Society's Treasurer, the county treasurer is responsible for the non-appearance of names in the List in such cases, and for any failure of such members to obtain medical defense in malpractice suits.

CUMBERLAND; GLOUCESTER.

The medical societies of these two counties close one hundred years of their history this fall. The Gloucester Society will hold its centennial celebration next month, while the Cumberland Society has been compelled to defer its celebration in October because of the absence of many of its prominent members in the service of our country. These societies have had a prominent place in the councils and work of our State Society and we know we express the feelings of its members in extending heartiest congratulations to their members. While deeply regretting the inability of the Cumberland County Society to celebrate at present their past splendid history, it is a just

cause for pride that the history it is now making is stamped with a lofty patriotism that will enable them to bear the disappointment—of deferring the review of past labors and successes.

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LITTLE CHILDREN DEPRIVED OF MILK.

That babies and little children are directly affected by the decreased sales of milk reported by dealers in American cities is illustrated by findings for Baltimore made public to-day by the Children's Bureau of the U. S. Department of Labor.

Of 756 Baltimore children between 2 and 7 years of age, only 29 per cent. are now having fresh milk as against 60 per cent. a year ago. And only 20, or less than 3 per cent. of the children studied, are having as much as three cups a day. With the babies under 2 the Children's Bureau says the situation is a little less serious. Apparently their needs are more generally understood than the needs of the child over 2. The number of families in this group who are buying no fresh milk at all has risen from 37 a year ago to 107, or 29 per cent. of those from whom information was secured, and these 107 families include one-fourth of all the children under 7. At the same time, the total daily purchase of canned milk by the families studied has increased from 25.5 cans to 84 cans.

Most serious, according to the Children's Bureau, is the general substitution in the children's diet of tea and coffee. Of the 575 children who are not drinking milk, 64 per cent. have definitely substituted tea and coffee and 24 per cent. are "sharing the family diet" which may or may not include tea or coffee, or milk in other foods. Some mothers seem to realize that milk must be provided for their children at whatever sacrifice; others who can better afford to buy milk do not understand its importance and let their children go without it. The foreign-born mothers, although their incomes are slightly lower than the incomes of the native white mothers, have more generally than any other group continued to buy milk. Almost half of the foreign-born mothers have either continued the amount purchased last year or increased it, and only 1 in 10 of the foreign mothers (as against 1 in 3 of the other mothers) are now buying no milk at all.

The Children's Bureau states: "Taking a pint and a half of fresh milk as the desirable daily allowance for the average child, these 756 children were having last year on

an average only 40 per cent. of what they should have had; this year their daily average has dwindled to 14.4 per cent. of this allowance.

"The work of Children's Year should emphasize in every community the importance of fresh milk in the diet of young children. Without proper nourishment children can keep well and free from physical defects, and a campaign of education on the feeding of children is an essential part of the saving of 100,000 lives during the second year of the war."

THE PROFESSION'S WAR WORK.

During the recent session of the American Medical Association the Chicago newspapers paid a deserved tribute to the medical profession by commenting editorially upon the wonderful humanitarian work that has been accomplished by the medical profession in the present war. The war is causing such a heavy drain on the man power of the nation that the necessity for conserving the health and efficiency not only of our military forces, but of the civilian population has become acute, and without the generous assistance of the members of the regular medical profession it would not be possible to carry on the war at all, much less to carry it on until a victorious peace is secured. As one Chicago newspaper has well said, "It should be a matter for comfort and hope on the part of every soldier's family that the greatest medical and surgical specialists in the country are devoting their energies and their talents to the care and treatment of the men in the army. The work among civilians is less spectacular but hardly less important, for the medical profession realizes that it owes a duty to the civilians, and especially to the men and women employed in war activities. There is no other profession upon which such heavy demands have been placed as upon the medical profession and aside from the soldiers themselves there is no body of men to which the public owes more gratitude."—Indiana State Journal.

THE ECONOMY OF VICTORY.

No matter what this war costs the Government and the people of the United States in the way of money, it is going to be much cheaper to win this war than to lose it.

The commercial and financial losses that would follow a German victory are not to be calculated. All that we spent would be lost, indemnities beyond calculation would have to be paid, and along with these losses

would come a continuing loss in foreign commerce that would spell disaster.

With these material losses we would lose our national liberty and independence, our power to secure our international rights, our right to live in a world ruled by the dictates of humanity and civilization.—Penn. Med. Jour.

We are not going to consider possible losses or to count the cost. We are going to win the war, cost what it will.

Two millions of our boys are enlisted in our army and navy. They are giving us security at home. Are we grateful? Let us turn our gratitude into Liberty Bonds and War Savings Stamps loans, Red Cross gifts and all needed patriotic professional service.

Let us loan our money and give as freely as our boys are giving themselves. Economizing in order to do so may hurt, but what of the hurts of the men who fight and die for us?

ONE HUNDRED PER CENT. LOYALTY.

In organizing the medical profession of this country for war there is one fundamental and basic condition that must be secured: We as a profession must go into this war not only efficient, but we must go into it 100 per cent. loyal, 100 per cent. American. We are at war with a barbarous and brutal autocracy. The American people did not want to enter the war. It was only after the Imperial German Government had murdered our people and destroyed our property and treated our repeated protests with contempt that we prepared to defend ourselves against Germany, as an individual must against a murderer, a highwayman, a thief. We are at war with Germany and Austria. The Germans and Austrians who have chosen to make this country their home must choose between the land of their birth and America, the land in which their children are born. The choice with most of them has not been difficult. They have chosen their new home, the birthplace of their children, and these men and women we accept gladly as loyal Americans. But there are a few who are disloyal and would give aid and comfort to the enemy, and these must be sought out and interned where they can do no harm. It is the duty of every medical man and each county medical society to assist the government in securing the arrest and in-

ternement of every disloyal member of the medical profession. There are in this country some German medical societies, and attention of the government authorities should be called to these. They should be disbanded at once. We should not permit, now, or in the future, in this country any organizations that further German propaganda. The world has had its lesson with this monstrous thing. * * *

Let us tell our medical colleagues in the nations who are now our allies that America with its more than hundred million free men and women is organizing itself into a great military machine, that all our people, that all our resources, that everything we have is being converted as fast as brains and energy and money can convert them into a weapon with which to win this war, which is now our war. Let us tell them to hold fast and be of good cheer, for America is coming.

America asks nothing for herself. She comes with a clear conscience, a sane national mind, a stout heart, and a strong arm. She comes with the single purpose of a united people, a hundred million strong, to punish the murderers of her people and win this war for civilization and humanity.

Let us send from this meeting of the organized medical profession of America to our great leader in Washington a message, the message that wells up from every farm and factory, from every town and hamlet, the message that echoes and re-echoes through our country, from the mountains through the valleys to the sea, the message that is sent by every man and woman of America when our government calls for their services in this war. We hear the call of our country. We answer, we are here.—President A. D. Bevan, A. M. A.

Miscellaneous Items, Continued.

Account of the death of Dr. S. T. Day, Port Norris, was received too late for insertion this month. It will appear in our next issue.

American Association of Obstetricians and Gynecologists.

This association will meet in Detroit, Mich., September 17-19, 1918.

American Medical Editors' Association.

The annual meeting of this association in Chicago, Ill., June 10 and 11, was characterized by an earnest and optimistic war spirit. The propaganda carried on by its secretary, Major MacDonald, in securing applicants for the M. C. R. was strongly endorsed and earnest support was pledged to the Surgeon-General

of the Army and Navy. The Dyer-Owen bill's passage by Congress was urged, and the zone system of mailing second-class mail matter was even more earnestly opposed and methods were adopted for an educational campaign against it. Dr. D. E. de M. Sajous read an able paper on "Military Education in Medical Colleges and the Medical Press" and a committee was appointed to study the matter. The officers of last year were continued for the ensuing year.

Cutting the Smallpox Death Rate.

The Newark News, July 30, wisely says:

Anti-vaccinationists would do well to read the government health report these days. For the week ending on June 29 last, 320 cases of smallpox were reported existing in various cities of the country, largely in the West, with only two deaths from the disease. During the month of June there were twelve cases in the State of Maryland, and not one of these patients had been vaccinated within seven years preceding the attack. These statistics are not unusual in their significance. They should be borne in mind next winter when, in all likelihood, the opponents of vaccination will renew their yearly attempt to repeal the law that makes vaccination of school children compulsory.

District of Columbia Medical Society.

The United States Senate on June 30 passed an act to incorporate the Medical Society of the District of Columbia. This society was originally chartered by Congress in February, 1819, and the charter having fallen into disuse was revived in 1883. By the enactment, in 1896, of the medical practice act for the District of Columbia, a large part of the charter which formerly had licensed practitioners of medicine was repealed. The society is planning to acquire a building of its own in which to transact its business and for this reason the revival of the charter has been requested.

In Memory of Dr. St. John.

Previous to the meeting of the Board of Governors of the Hackensack Hospital recently, the governors inspected the bronze tablet erected in the hospital in memory of Dr. St. John. The tablet contains a profile likeness of the Doctor in bas relief, with the following inscription:

In Memory of

DAVID ST. JOHN, M. D.

1849-1917.

TO HIS LEADERSHIP AND
UNTIRING SERVICE THE
HACKENSACK HOSPITAL OWES
ITS ORIGIN AND SUCCESSFUL
DEVELOPMENT.

Inscribed by the
Governors of the Hospital.

The great man is he who is acting truly for some great object. Though his sphere of action be narrow, and its separate acts small, yet are they all hereby ennobled. There is a true dignity in manual service, in daily labor, in the commonest employments, if they are prompted and directed by high motives; and this sets the seal of greatness on the life. Such a life is that great thing, Duty.—Bishop Wilberforce.

The Jailing of Defectives.

From the N. Y. Tribune.

Mr. Francis D. Gallatin, chairman of the newly appointed State Commission on Feeble-Mindedness, declared that: "At least one-fourth of the whole number of inmates of penal institutions are mental defectives, and the laws of this State should be radically amended so that they can be dealt with as such, rather than as criminals."

This highly notable declaration is made as part of a report of a committee of the New York County Lawyers' Association. We do not think the action taken by this committee can be too highly commended. The remarkable investigations of which Henry H. Goddard and his co-workers at the wonderful training school at Vineland, N. J., were the pioneers, have shown that from 10 to 15 per cent. of all children are more or less defective. Part of that work was done here in the schools of New York City. We think it is not going too far to say that a very large part of all of those who come up before our criminal courts are recruited from this defective class. Practically speaking, an intelligent criminal is a contradiction in terms.

Little by little we are coming to understand that the average criminal belongs to what is called the moron type, meaning very simple a dull or stupid person. To jail these victims of a mentally and physically defective body is not in line with twentieth century civilization. We wish Mr. Gallatin and his commission the highest success in their work.

Fighting the Drug Evil.

From the Newark Evening News.

It is a strong indictment that is laid against a certain element in his own profession by a reputable Newark physician, who charges that the responsibility for a large number of the nearly 5,000 drug addicts which Essex County now contains rests upon certain medical men who have not been above resorting to illegitimate practices. Many members of Dr. Rosewater's calling, as well as the judges of our courts, the members of the county and city departments of justice and police and workers among the derelicts of society, can bear witness to the truth of his statement, made at a public hearing on Senator Pilgrim's bill to place additional curbs upon the habit-forming drug evil.

The aim of the bill is, chiefly, to make traffic in pernicious drugs more difficult than it is under the present law, to co-ordinate the State and federal statutes and to provide a ready means whereby the medical profession may be purged of those who do not scruple to hide criminal practices behind a physician's license. All who have been brought into contact with the practice of using drugs and have seen how the terrible habit is sustained and encouraged, will agree with Dr. Rosewater in his estimate of the importance of having drug victims placed in the care of physicians who can be trusted to work for the cure of the victims and for the eradication of the evil. There should be punishment without mercy for the man who prostitutes a sacred profession and adds to the sum of human suffering and misery for the sake of money gain. If the Pilgrim bill can

accomplish the aim for which it was drawn its passage is most desirable.

Narcotics and Habit-Forming Drugs.

Dr. C. A. Rosewater, Newark, sends us a copy of the following resolutions offered by Senator Frelinghuysen in the U. S. Senate, July 13, 1918, which were referred to the Committee on Contingent Expenses. There seems to be an unnecessary number of "Whereases," but the evils, referred to and the scientific and practical methods for their eradication or control, need careful study, and therefore the appointment of such a Commission as the resolutions provide for—which ought to be composed of 3 or 5 of the ablest specialists in the country—appears to be advisable.—Editor.

Whereas, It is openly charged by scientific men and statisticians, that the use of narcotic and habit-forming drugs is largely on the increase, not only in the form of opium, morphine, cocaine, heroin, and kindred opiates, but also certain so-called "soft drinks" charged with caffeine, sold at innumerable fountains to our young men and young women; and

Whereas, It is alleged that in the neighborhood of many of our military camps purveyors of these deleterious drugs are to be found, stealthily engaged in the sale of the same to our soldiers; and,

Whereas, Certain caffeine-charged "soft drinks," so-called, notoriously injurious to health, are openly sold to men in uniform; and,

Whereas, Not only is the morale of soldiers, and of our young men and young women in general sensibly lowered by the prevalence of this habit; and,

Whereas, It is estimated that the actual money-loss to the nation, by reason of this state of affairs, amounts to hundreds of millions of dollars annually; and,

Whereas, The economic loss in wasted lives, in sickness, loss of wages, accidents, incapacity and crime, probably aggregates hundreds of millions of dollars additional; and,

Whereas, The existence of this evil has a demoralizing effect upon the efficiency of our army, to a degree not appreciated by the general public, therefore be it

1. Resolved, by the Senate and House of Representatives of the United States of America in Congress assembled; that, the President of the United States be, and he hereby is, authorized to appoint a commission of citizens of the United States, not exceeding three in number, to make inquiry into the subject of narcotic and habit-forming drugs.

2. The said commission shall investigate the causes which lead to the use of such drugs, the extent of the use of such drugs and the kinds of drugs used, and shall also investigate the subject of the drug addict and such other factors as in its judgment have an important bearing upon the use of narcotic and habit-forming drugs, and shall recommend to the President the best methods in its judgment of regulating the importation, manufacture, sale and use of narcotic and habit-forming drugs, and of solving the problem presented by the drug addict.

3. The said commission shall report to the President on or before the convening of the next Congress, which report shall be transmit-

ted by the President to Congress. The said commission shall select from its members a president and a secretary, and shall meet at such places in the United States as it may deem advisable, and it shall have the power to subpoena witnesses, and employ necessary assistants, provided the total expenditures under this resolution shall not exceed fifty thousand dollars, and that all actual expenses shall be approved by the President of the United States, and he shall fix the amount of compensation to be paid each commissioner.

4. The sum of fifty thousand dollars be, and it is hereby, appropriated for the purpose above indicated.

Special War News.

President Bevan of the A. M. A. to the State and County Medical Societies.

To the Secretary,

Medical Society of New Jersey.

Dear Doctor:

The medical profession of the country is confronted at this time with the problem of organizing the profession for war. There are two specific things that must be done. We must furnish to the government the necessary number of medical men for military service; this probably will be from thirty to forty thousand medical officers. At the same time, we must supply this required number of medical officers in such a way as to injure as little as possible our civilian communities through depriving them of necessary medical services. This carries with it the obligation not to cripple seriously the medical schools nor our hospitals. In order to meet these requirements it is necessary to use the organization of the medical profession in a systematic way. The most important agency that can be employed in this work is the American Medical Association, with its splendid organization of the county and State branches and the efficient machinery which it possesses.

The Journal of the Association reaches the great majority of the medical practitioners of the country and it, together with the journals of the State medical associations, provides a point of contact with practically the entire profession. One of the facilities of the Association which could not be duplicated even by the government itself, at unlimited expense within any reasonable time, is the data from which is compiled the register of licensed physicians—the American Medical Directory. This is information concerning each licensed physician which has been gradually and systematically assembled, recorded and indexed in the course of years, at the headquarters of the Association. These card indexes of this data concerning registered practitioners of medicine at the Association headquarters, is of great value. They made possible the "Survey" of the medical profession of the United States, which was published in The Journal for June 1, and which is, therefore, now at the disposal of each county and State organization. They can be utilized in conducting a campaign for providing future increments for the Medical Reserve Corps by making an individual study of the practitioners in each county, to determine the physicians who have gone into

military service, the ages of physicians, and other information which will assist in working out the problem.

The medical profession has responded more promptly to the call of the nation and has sent more of its membership into military service than any other profession, trade or business in the country. It was necessary that they should do this because the demand for medical men in war is larger than the demand made upon any other profession. The fact remains, however, that the profession has responded magnificently to the call to the colors. As the war continues and as the great military machine which is being built by the people of this country becomes greater and greater, it may become necessary to draft the medical profession up to 50 or 55 years of age, but this will not be done and should not be done unless the draft applies to all professions, to all trades, to men in all of the fields of human effort. It is probably, in fact it is almost certain, that the medical profession will be able to supply the necessary number of men by proper utilization of the organization and machinery of the American Medical Association and its component county and constituent State medical organizations without resort to draft. With that end in view, I am writing to you and to all the presidents and secretaries of the constituent State medical associations and asking that the county medical societies of their State be organized for the purpose of accomplishing the following results:

1. To secure at least 20 per cent. of the registered practitioners of the State for the medical departments of the Army and Navy.

2. In securing these men, a careful survey of each county, each medical school and each hospital should be made. No locality and no institution unless it is clearly over supplied should be allowed to furnish more than 50 per cent. of its licensed practitioners; the association will endeavor to co-operate with the medical departments of the government in securing the necessary protection to communities, hospitals and medical schools.

3. Although it is desirable to secure at least 20 per cent., from each county, care should be taken to analyze the local conditions, the area of the county, the population of the county, the number of practitioners per capita in the county and as a general proposition, I suggest that at least one physician be retained at home for each 1,200 or 1,500 population.

As you know, the Surgeon-General of the Army has recently called for 5,000 men (see The Journal of the American Medical Association for April 13, 1918), and the Surgeon-General of the Navy needs from 1,000 to 2,000 men. The plan which I am outlining to you will secure the number of men asked for to the present time. If it becomes necessary to call a larger number, it will, of course, be necessary to increase the percentage furnished by each State, possibly to 25 per cent., instead of the present 20 per cent. It will be desirable for you to organize your State so completely and thoroughly that if a further call comes from the government, this can be promptly met.

As president of the American Medical Association, I am asking you to use the machinery and organization of your State and county societies in the most efficient and earnest way

for the definite, concrete purpose which I have outlined. It is clearly the duty of the American Medical Association and its organization and machinery in the fullest possible way to meet the requirements; we all welcome the assistance and co-operation of all associations and agencies that may prove of service in securing the desired results. In doing our part in the organization of the medical profession for war, we gladly place directly at the disposal of the medical departments of the Army and Navy our entire organization and machinery.

The American Medical Association is now preparing and will shortly make available to the secretaries of the State associations and of the county societies complete lists of the licensed physicians in the respective States and counties. On these lists symbols will be entered indicating the response which the physicians named have made to the call of the nation. This work is in charge of the secretary of the American Medical Association who will communicate directly with the secretary of the State and, if desired, with the county organizations.

Yours very truly,
Arthur Dean Bevan, President.

Orders to Officers of the Medical Reserve Corps.

Members of The Medical Society of New Jersey:

Lieut. Archer C. Bush, Verona, to Camp Jackson, Columbia, S. C., base hospital.

Capt. Friend B. Gilpin, Cranford, to Camp Dix, Wrightstown, N. J., base hospital.

Lieut. Edward LeR. Minard, East Orange, to Camp Hancock, Augusta, Ga., base hospital.

Capt. Palmer A. Potter, East Orange, to Bayonne, N. J., for service to drafted men.

Lieut. Alexander Reingold, Hoboken, to Camp Hancock, Augusta, Ga., base hospital.

Lieut. Walter A. Reiter, Summit, to Fort McPherson, Ga., for temporary duty.

Major Carl E. Sutphen, Newark, to Fort Oglethorpe, Ga., for special instructions.

Lieut. Henry H. Tomlin, Wildwood, to Camp Devens, Ayer, Mass., for duty.

Lieut. William A. Tansey, Newark, to Fort Oglethorpe, Ga., for instructions.

Capt. Charles H. Purdy, Jersey City, to report by wire to the commanding general, Eastern Department, for assignment to duty.

Lieut. Benjamin F. Seaman, Raritan, to Camp Jackson, Columbia, S. C., base hospital.

Capt. Robert E. Soule, Newark, to Hoboken, N. J., for temporary duty.

Capt. Anthony C. Zehnder, Newark, to Mineola, L. I., Signal Corps Aviation School, for duty.

Capt. Joseph A. Maclay, Paterson, to Camp Devens, Ayer, Mass., base hospital.

Capt. Clifford R. Neare, East Orange, to Camp Devens, Ayer, Mass., base hospital.

Capt. William O'G. Quinby, Newark, to Camp Dix, base hospital.

Commissions Accepted, M. R. C., U. S. Army.

(Members of Medical Society of New Jersey).

Robert R. Armstrong, Passaic.

Raymond D. Baker, Summit.

Ralph D. Denig, Hackensack.

W. Story Foster, Newark.

Joseph A. Maclay, Paterson.

E. LeRoy Minard, East Orange.

Joseph E. Pollard, Chatham.

Charles H. Purdy, Jersey City.

Charles F. Rathgeber, East Orange.

Walter A. Reiter, Summit.

Benjamin F. Seaman, Raritan.

James P. Schureman, New Brunswick.

William J. Arlitz, Hoboken.

Edward R. Hunter, Delanco.

William G. McCormack, Whippany.

Frank F. McDede, Paterson.

Clifford R. Neare, East Orange.

Norman H. Probasco, Plainfield.

William O'G. Quinby, Newark.

S. Henry Sulouff, Jersey City.

Carl E. Sutphen, Newark.

William A. Tansey, Newark.

Harry D. Williams, Trenton.

Commissions Accepted, U. S. Naval Reserve Force.

D. B. Allman, Atlantic City.

Howard L. Kaucher, Bound Brook.

George E. McLaughlin, Jersey City.

E. Mancusi-Ungaro, Newark.

Errors in A. M. A. Journal Honor Roll.

Dr. H. L. Hurley, Pleasantville, Lieutenant M. R. C., writes from the U. S. Army Hospital, Des Moines, Ia., as follows: "Lieut. Chas. B. Kaighn was listed under Camden County. He is a member of the Atlantic County Medical Society and was given a commission from there. Capt. Gurney Williams examined him. He was my partner at the time at Pleasantville. I am making this correction because I am jealous of Pleasantville's record—3 doctors out of 7 in the service and one of the remaining ones there is a Civil War veteran."

Lieut. Joseph H. Synnott, Montclair, was killed in action in France recently. He was a cousin of Major Martin J. Synnott, who is in service at the base hospital Camp Dix.

REPORTING COMMUNICABLE DISEASES

From Surgeon-General Rupert Blue.

It is important for the protection of the health of the troops in camps that every community, no matter how small, report the presence of all communicable diseases, especially if present in epidemic proportions. Selected and enlisted men in traveling may be exposed to such diseases and carry them into camp.

It is obvious that disease reporting depends primarily upon the doctors. In this great war thousands of doctors have joined the colors. Surely those who have not could serve their country in this respect by reporting at once all cases of communicable diseases occurring in their practice to the proper health authorities. Where the emergency seems to warrant such action the reports should be made by telephone or telegraph.

In such cases of communicable diseases where a selected or enlisted man has been so exposed as to be a serious menace to the camp or post to which he is about to go, it is especially desirable that the attending physician take immediate action to prevent such menace. For this purpose the following plan of action is suggested by the United States Public Health Service after a conference with army sanitary authorities:

1. The physician should make an immediate report to the local health authorities who

should notify (by telephone or telegraph if necessary) the Senior Medical Officer of the camp or post to which the selected man or soldier may become a menace. A duplicate notification should be made by the local authorities to the State health authorities.

2. If there be no local health authority having jurisdiction, the physician should notify (by telephone or telegraph if necessary) the State health officer who should notify (by telephone or telegraph if necessary) the Senior Medical Officer of the camp or post to which the selected man or soldier is about to go.

3. The notification should be explicit, giving name of selected man or soldier and other identification data together with his address and the nature of the disease.

4. The notification of the Senior Medical Officer of the camp or post by the local or State health authorities should be in addition to the present procedure in such cases.

Essex County Physicians for War Service.

The Essex County Auxiliary Committee of the Medical Section of Council of National Defense recently made a report at the office of Dr. E. D. Newman, Newark, of the survey made in connection with the eligibility of physicians for war service. Questionnaires had been sent to about 800 and only 29 were not returned. The figures show that 200 Essex County physicians are in the service, that 115 are beyond the age limit, that ten are physically unfit, twenty-six are women, that seventeen physicians living in the county are not practicing and that sixteen living in Essex County either do not practice here or practice in the county and live elsewhere.

A number of Essex County physicians already have been accepted for the medical reserve corps and are awaiting orders to enter active service. Acceptance of those volunteering through the committee, depends on physical qualification.

A letter received from Dr. E. D. Newman, since the above was printed, gives additional data, from which the following items are culled:

Of the questionnaires sent to Essex County doctors, 548 were returned signed, 240 claimed "no exemption," and 194 claimed exemption. 231 questionnaire cards were signed by the committee in order to have as complete a census as possible; these latter included those already in service and those known to be ineligible by reason of age, sex—women—and physical disability. No doubt a number of the 240 who claimed "no exemption," should not be accepted because of community or institutional needs or other valid reasons. There are already in service 187 Essex County doctors and 15 were rejected or discharged from service.

Hudson County Physicians for War Service.

Out of 253 Hudson County physicians between 21 and 55 years of age, 92 have volunteered to serve in the army in response to a census taken by the Medical Section of the State Committee of the Council of National Defense. They are divided into two classes:

Class A consists of doctors apparently eligible for service, who have volunteered, 14 in number.

Class B. Doctors claiming "No exemption," ready to go when called, 78 in number.

Local physicians who had charge of the census were Drs. H. S. Forman, N. J. Bogardus, E. T. Steadman, W. F. Faison, and G. H. Sexsmith.

This list—Classes A and B—does not include the doctors who have been in M. R. C. service for some time.

Park and Tilford Donate Paris Offices.—The arrival of increased numbers of troops in France has created a need for greater hospital facilities. To assist in meeting this need Park & Tilford have donated their Paris offices to be used as war hospitals and for other war purposes.

Catholic War Council Builds Hospital.—Plans have been completed for the construction of a \$300,000 hospital in Manhattan for soldiers and sailors by the National Catholic War Council. The site has been selected and arrangements made for the remodeling of one building and the erection of another. The hospital will have 500 beds, and immediately upon completion will be turned over to the Government to be used in whatever way the War Department deems best.

Give Home for Navy Hospital.—Commodore and Mrs. Morton F. Plant of Eastern Point, Conn., have given their large country home, the Watson House, to be used as a hospital for convalescent soldiers and sailors. The use of the residence is accompanied by a gift of \$10,000 for its equipment.

Red Cross Solarium, Camp Dix.

A Red Cross Solarium, or convalescent home, at Camp Dix, Wrightstown, N. J., was opened last month in the presence of officials of the army and the Red Cross and a unusually large gathering of Chapter workers from the nearby counties and towns. The solarium is similar in design to the thirty-eight other model solariums soon to be put into service by the Red Cross.

Second Hospital Given by the Elks.

In June the cornerstone of a great reconstruction hospital was laid in Boston that will cost the order \$250,000. The second hospital will be erected in New Orleans, La., and is to cost \$350,000. The announcement of this second gift to the government was made by the Grand Lodge at its annual meeting in Atlantic City last month. In addition to these two reconstruction hospitals, the Order has given the government two base hospitals, one at the University of Virginia, the other at the University of Oregon, at the cost of \$120,000 for the two.

Fox Hills Hospital Ready.—The United States Base Hospital at Fox Hills, Staten Island, was completed on June 26. Eighty-six buildings have been constructed in 100 days. There are three large wards in the large buildings which contain 1,000 beds each. The transports will land their patients at Quarantine and they will then be taken to the hospital by motor ambulance. In connection with the hospital the Red Cross has built a theatre that will seat 7,200 persons. It is planned to

have entertainment for the wounded soldiers and sailors every afternoon and evening. The Government has acquired fifteen acres of land adjoining the present site so that the capacity of the hospital can be doubled at any time.

Cape May Army School for Deaf and Dumb.

The first army medical school for the reconstruction of the hearing and speech of soldiers who have complete or partial deafness was opened July 24, under the division of physical reconstruction of the surgeon-general's office at Army Hospital No. 11, formerly the Hotel Cape May. Lieutenant-Colonel Charles W. Richardson is in charge.

The physical reconstruction division provides for the soldiers' education, both physically and vocationally. Colonel Paul F. Straub, commandant of the hospital, in an address recently, said this was the first military medical school established in the world for the re-education of those suffering from the defects of hearing and speech.

The principal address of the evening was by Major William W. Keen, a Philadelphia surgeon, who compared the conditions of surgery in the military medical departments of the present time with those during the Civil War.

Regulations for Examining Boards.

The new Form 75 of Standards of Physical Examination governs entrances to all departments of the army. It is not intended to be considered entirely, perhaps, as an authority, but a guide. Nothing can take away the examiner's judgment and discretion about the medical or the physical fitness of a registrant to serve—it would weaken the service to do that. Section 8, page 3, contains the kernel or the law of truth and it is as follows:

Local Boards and Medical Advisory Boards should be especially careful in the selection of registrants who suffer from defects of vision, defects of hearing, and with chronic discharge from the ear or ears; toxic conditions associated with abnormal conditions of the thyroid gland; valvular disease of the heart; tuberculosis; epilepsy, mental disease or deficiency, and irremediable defects of the feet. In other words, to make a good soldier the registrant must be able to see well, have comparatively good hearing, his heart must be able to stand the stress of physical exertion, he must be intelligent enough to understand and execute military maneuvers, obey commands, and protect himself, and must be able to transport himself by walking as the exigencies of military life may demand.

Plan to Mobilize Physicians.

As the first step in a nation-wide campaign to enroll every doctor in the United States in the medical reserve corps of the army, the naval reserve force or the Volunteer Medical Service Corps, members of the committees of the medical section, Council of National Defense, for New York, Pennsylvania, New Jersey, Delaware, Maryland, Virginia, West Virginia and the District of Columbia, held a meeting in Washington, D. C., July 18.

The meeting is the first of a series, the United States having been divided into eight districts. The work, it was announced, will be subdivided among the State and county rep-

resentatives of the medical section. Every doctor who has not enrolled in one of the service corps will be asked to do so. The plan, as announced, contemplates the volunteer enrolment of every physician in a volunteer service corps under pledge to accept whatever service, military or civilian, is assigned by the governing body of the corps. The aim of the plan is to provide sufficient doctors for the military program.

Physicians not assigned to military duty would be distributed according to civilian requirements. In only exceptional cases, it was emphasized, would it be necessary to ask physicians to change their district of practice. While the plan as contemplated is voluntary, the government medical officers did not hesitate to say that legislation providing for the calling of members of the profession would be sought if the volunteer plan is not successful.

Health of Our Soldiers; The Venereal Problem.

Dr. Arthur D. Bevan in his presidential address at the annual meeting of the A. M. A. in Chicago last month, said:

"When it is found that the mortality in our army is less than the mortality in civil life of the same number of men of the same age, picked by insurance companies, we can realize what splendid results have been accomplished. The people of this country, the mothers and fathers and wives, whose sons and husbands are in the Army and Navy, are entitled to know, and it will be a great comfort to them to know, that the health of these men is better looked out for than when they were in civil life, that the dangers that they run from disease are less than when they were in civil life, and that when they are sick or wounded they will receive as good care, as high a class of medical and surgical service, as could possibly be obtained in civil life. This is true because our best men have gone into the medical service, and the government is providing the medical departments with every facility necessary to give our soldiers the best medical care.

"**The Venereal Problem.**—Strikingly successful has been the handling of the venereal problem. A careful examination of the evidence shows that venereal disease is only about half as frequent in men after they enter the Army as in similar groups of individuals in civil life. Certainly no army has ever been mobilized which has been as clean morally and free from venereal disease as the present American Army. Associated with this fact and responsible in large part for the splendid showing made is the elimination in large part of drink from the Army. Certainly no army has ever been mobilized that has been as free from drinking as the American Army. It was fortunate that our mobilization occurred at a time when the amount of drinking in this country was rapidly diminishing, and at a time when most of our States were going on a prohibition basis. Special efforts have been made by the government in the way of laws that have been enacted for this purpose to prevent drinking in Army posts and in territory immediately contiguous to them. This leads me to a consideration of the problem of drinking and prohibition as a purely medical problem.

Big United States Hospital in England.—Work has been begun on what will be the largest military hospital in Great Britain. It is located near Southampton and will accommodate 3,000. The site is a country estate of 200 acres which the Red Cross has purchased. It plans to erect nearly ten acres of buildings. The contract provides for the opening of 400 beds within six weeks.

The Army Surgeon.—The army medical officer, like the sailor, must be a handy man. It is not enough that he is able to treat disease and wounds after the most modern and approved methods, but he must be fully competent as a sanitarian and hygienist. Now that so many civil medical practitioners have taken military positions the need for including training in sanitation and hygiene in the medical curriculum has been amply demonstrated.—Medical Record.

Public Health Activities Under One Control.

Orders have been issued that all sanitary and public health activities carried on by any executive bureau, agency or office especially created for or concerned in the prosecution of the existing war shall be exercised under the supervision and control of the Secretary of the Treasury. This does not affect the jurisdiction exercised by the Surgeon-General of the Army and of the Navy and the Provost Marshal-General in the performance of their functions which are military in character as distinguished from civil public health duties.

First Woman Lieutenant on Duty as Surgeon.—Lieutenant Ollie Josephine Baird of Detroit, began her duties as contract surgeon at Camp McClellan July 1st, and has the rank, pay, and quarters of a first lieutenant. She has not yet been allowed to wear the insignia of her rank, but the regulation salute has been accorded her. Lieutenant Baird was one of the first five graduates from the Mayo clinic and formerly practiced medicine at Detroit.

Canadian Hospital Bombed.—A despatch from London reports that on the night of June 24 the Germans bombed a Canadian Hospital and killed doctors, nurses and patients. The Canadians have occupied the hospital for more than eighteen months. The roofs were painted with great red crosses and the buildings have never been used for military purposes. One operating staff, including the nurses, was buried under a mass of debris and in a few minutes the whole operating section was in flames. Bursting tubes of ether and hydrogen added to the horror of the scene. Two other surgical teams narrowly escaped, having just left a few minutes before to go to their mid-night supper.

A Million Invalid Prisoners.—A recent communication from Moscow to the Associated Press states that of 3,100,000 Russian war prisoners held in Germany and Austria-Hungary, 1,000,000 are total invalids. It is said that one-half of these prisoners are in the last stages of tuberculosis and that the rest are suffering from other contagious diseases. Their return to Russia presents a great problem on account of lack of food, proper accommodations, and medical assistance.

In connection with the statement that "France is finding in tuberculosis one of the worst of war's by-products," comes the statement that four tuberculosis hospitals in France are now maintained and conducted solely by the American Red Cross, ninety-six French hospitals are aided with funds and supplies, and in addition much education and visitational work is being done.

Casualties of the American Expeditionary Force.—The figures of the War Department, on July 12, show that up to that date there have been 1,629 men killed in action, 587 have died of wounds, 1,336 of disease, 501 have died from accident or other causes, 5,340 have been wounded in action, and 508 are missing.

Good Health in American Camps in Paris.—The Paris correspondent in the Medical Record says: Mothers of America have no cause to fear for the welfare and health of their sons in France. Sanitary conditions are of the best in all the camps, and there is very little illness. Though the winter has been treacherous, and the men had to commence camp life at a bad time of the year, they have not suffered in the least, as particular attention has been paid to the supply of warm clothing and all of the buildings of the various camps are well heated. The field hospitals are in fine running order, and the men are as well taken care of as in any of the first-class hospitals of a city. It is most gratifying to see these boys who are so far away from home and mother being taken care of by good American nurses, and to find them so happy and contented with their surroundings.

Report on Trench Fever.—Dr. Alfred E. Shipley, secretary of the medical advisory committee of the American Red Cross, writes that a cable from Dr. Alexander Lambert gives the following information regarding the trench fever committee: The "trench fever committee headed by Major Richard P. Strong have completed their investigation, and demonstrated beyond facts published in February that trench fever is caused by a resistant filterable virus. Louse can transmit fever by bite alone and also artificially by rubbing into cutaneous abrasions excrement of louse. Virus present not only blood plasma, but also in urine, and sometimes sputum or saliva of trench fever patients. Louse need remain on man but short time and patient come down with disease long after free from lice." The full report will be published later.

Trench fever was the cause of ten per cent. of the English army in the last year being on the sick list when they ought to have been in the trenches. No man died of the fever, but it knocked him out for two or three months. This discovery of the mode of transmission had solved the question and it saved from eight to ten per cent. of the active force of the army. Credit must be given to the Red Cross for this achievement.

Combating Venereal Disease.—The War Department has issued a statement to the effect that owing to measures taken for the prevention of venereal diseases, the soldiers of the Expeditionary Force show a smaller rate of

illness per thousand from these diseases than has ever been recorded heretofore for American troops. The figures of the United States are even better than those in Europe.

Low Venereal Disease Rate.—The War Department reports that the spread of venereal disease has been greatly reduced among the American Expeditionary Forces by the methods employed by the Army Medical Corps. The lowest record for the Army was in 1916, 91.23 per thousand. The latest report shows the present rate to be 47.8. Among the troops in the United States the rate has been reduced approximately to 21 per thousand yearly.

American Naval Hospital in London.—The American Navy is to have its own hospital in London. For this purpose Mrs. Guest, wife of Captain Guest, M. P., has transferred to the American Red Cross her residence at 26 Park Lane, known as Alford House. Mrs. Guest before her marriage was Miss Amy Phipps of Pittsburgh. The house will contain fifty beds and will provide for both officers and men. The surgeons and attendants will be from the medical Corps of the United States Navy. On the official records the new institution will be known as "American Red Cross Hospital No. 25." It will be the twenty-fifth hospital which the American Red Cross has established in England. During the first three years of the war Mrs. Guest used her house as a private hospital for British officers.

Disease in Germany.—A recent message from Berlin states that there are approximately 100,000 cases of Spanish influenza in Germany and at least 25,000 in Berlin alone. All the hospitals are filled with cases of this malady and all the doctors and nurses are down with it. It is reported also that Austria-Hungary is suffering from an epidemic of typhus, and that the influenza has appeared in Budapest and in Danzig.

The Medical Profession and the War.

Lieut.-Col. Victor C. Vaughan, former president of the American Medical Association, in a recent address, said:

I know there are among us, and probably before me to-night, people of German descent. To those especially this war should appeal. Hundreds and thousands of the best blood of Germany fled from that country to this in order to escape the tyranny of their own despotism, and I bring the message to you to-night, my dear friends, that scores and hundreds of men of German descent are now in France doing what every good American should do, and there are scores and hundreds of others of German descent who are anxious to go. So long as the German people follow and are directed and guided by that man who has chosen for his own appellation "Attila," and for his men "the Huns"; so long as the German people follow the Kaiser, we are fighting the German people, and it is a fight to the death.

There is no profession which has been called upon so extensively as the medical profession in this war. This is true of all the nations engaged in it. There is no profession which has borne this more nobly than the medical pro-

fession. While up to now signal or complete victory has come to neither side, there is one flag in Europe to-day that has won the highest triumphs that man has known, and that is the flag of the Red Cross. Wherever there are wounded, wherever there are sick, wherever soldiers are in distress, there the physician is to take care of them, and the death rate in the medical department, including its stretcher bearers, the enlisted men, is as high as it is in any other branch of the army. There are in the United States about 140,000 legally qualified physicians. More than 20,000 of these, or one out of every seven, have voluntarily offered themselves to their country. I challenge any other profession, trade or calling to show equal patriotism in this war. However, there must be a greater sacrifice still on part of the medical profession, as we need 10,000 more doctors, and they are going to come without any draft or without any compulsion. It is quite foreign to the medically trained man to engage in war. All of our education tends to relieve and not to inflict pain; but when our country is in distress we go, and go gladly.

BRITISH MEDICAL MISSION TO AMERICA.

Sir James Mackenzie, noted heart specialist of Edinburgh and London; Colonel Sir William Arbuthnot Lane, veteran surgeon of the Zulu, Egyptian and Boer wars, and authority on bone surgery, and Colonel Herbert Alexander Bruce, of Toronto, now consulting surgeon to the British armies in France, comprised the medical mission sent by the British government to this country. After a tour of many American cities, addressing representative groups of American physicians and surgeons, Col. Bruce said: ..

"In the travels of our mission through America, we have been to many centers of war activity here, and we will have a great deal to say when we get home about the marvelous and effective program which you are carrying out on so colossal a scale. I want to say that it has heartened us very much, and that we know it will hearten the people at home when we report there."

After a visit to Surgeon General Gorgas, at Washington, the commission attended the annual meeting of the American Surgical Association at Cincinnati. There at a special patriotic service, under the auspices of the Medical Section, Council of National Defense, Col. Bruce described the British system of caring for the wounded. He stated that the British have 40 hospital trains in France fully equipped with doctors and nurses, each train having a capacity of 600 beds—the whole constituting a mobile hospital of 24,000 bed capacity. He paid tribute to the heroism of the field hospital service and to the American surgeons and physicians in that service.

Sir Arbuthnot Lane told of the treatment of thousands of soldiers wounded in the face, some with jaws gone, others with cheeks or noses shot away. Colonel Lane is consulting surgeon at the Queen's Hospital at Sidcup, where this facial reconstruction or plastic surgery is the special work. "The man who loses an arm, a leg, or is injured in the body, can go back to the bosom of his family, but the man whose face is distorted, no matter how much his family may love and cherish him,

suffers most," said Sir Arbuthnot. "So I began to isolate these cases, beginning with five doctors. This start has developed into a magnificent hospital with 750 men, and we are literally making new faces. We have enlisted the services of the best dentists, sculptors, wax workers, and surgeons, and developed specialists in transferring bones from other parts of the body to the face. If you could see how happy these men are, it would be a lasting satisfaction to know their gratitude."

Sir James Mackenzie told of some of the heart cases referred to him. "Instances of 'irritable heart,' he said, are due to general weakening of the body through illness in the trenches." Outdoor exercise and sport are curative agencies, he said. In speaking of the examination of recruits, he said "The test of a man's fitness as a soldier should depend upon what he has been doing and what he is able to do. A young fellow was sent to me because his heart was supposed to be bad. I asked him what he had been before he entered the service. He said he had been a butcher. I asked him if he had been able to carry the carcass of a sheep upstairs and whether such work had been a regular part of his duties. He said that he had been accustomed to doing exactly that, and frequently, and without physical discomfort; I said: 'I do not need to examine your heart. If you can do work like that you are certainly fit.' Too many men are rejected because of alleged defects which are more apparent than real."

The noted British surgeons were guests at the monthly meeting of the General Medical Board of the Council of National Defense held June 9, in Chicago. At this time Colonel Bruce took special pains to speak of the work of American surgeons, many of whom are members of the General Medical Board, who are doing most important work at the front—Drs. Frederic A. Besley, George W. Crile, J. M. T. Finney, Charles H. Peck, William S. Thayer, Harvey Cushing, George E. Brewer, Richard H. H. Harte and others. "These men went over as medical men—and stayed as soldiers, for they operate at the front lines amid bursting shells and are continually under fire. While I was in France before leaving to come here on this mission, Sir Arthur Sloggett of the British Medical Service sent for me and said he wished me to take a message to America. This is what he said: 'I appreciate the very excellent work which American doctors and American nurses are doing in the British service.' He said they had been a very great help and an inspiration to the service. In fact, they will never forget the American doctors and nurses. He recommended a large number of your medical officers at the front for the same honors that he had recommended for those in his own service, but owing to the regulation of your government they were not able to accept. On a recent trip to the front, I met also a number of your soldiers, who gave me the opinion when one looked in their faces that nothing would stop them, and you know what they did when they first encountered the Hun quite recently. I don't think you need to worry about the enemy getting a few feet of territory. One or the other side can get some ground if they pay a sufficient price for it, and during the offensive of the 21st of March, and subsequent dates, the

Hun paid a very large price for the territory which he took. Even if we should be driven to the sea, and if we have to take to the boats and go to England, this battle is not over. 'We will make it so that ships sailing through the Irish sea sail a sea boiling with submarines,' said one of the German leaders in February, 1917. To which England replied: 'Make it boil like the caldrons of hell, and we will sail just the same.' We of Canada and you of the United States are of the same race and blood. Now that we are comrades in arms, we have a still further bond uniting us. I have difficulty in appreciating the difference between Canada and America. I can tell you the difference between England and America. England says: 'As it was in the beginning, is now, and ever shall be. Amen.' America says: 'As it was in the beginning, is now, and by gosh there's got to be a change.' That spirit now represents the opinion of England as well as that of our allied nations. The German chancellor when America entered this war sneeringly remarked that the weight you would throw into the scale would not be greater than that of a straw. To this Mr. Punch replied that he quite agreed with the statement of the German chancellor, but he would like to point out and make the prediction that it would be the last straw which would break the camel's back."

Sir James Mackenzie praised highly the classification of American surgeons as reported by Dr. William J. Mayo for the Committee on Surgery of the General Medical Board. The class indexing and coding of the more than 20,000 American physicians was termed ideal by Sir James, who said that the United States is avoiding the mistakes made by England. "England," he said, "was precluded from such a systematic course by the suddenness with which the war came."

Colonel Lane told of the enormous help given by American surgeons who came over long before America's entry into the war, saying that he had been asked to speak about the difficulty of getting medical men for the military service. He said: "The difficulty with us has been to keep them out. I do not suppose you are any different from our men. I have always understood that the medical people in America were the keenest in the world. Our people have gone without a word. They gave up their practices, their futures, their wives and their children. They did not ask: 'How much are we going to be paid?' or 'What is going to become of our families?' they came at once to the aid of their country. I do not think you will have to ask the medical men to come. I think the difficulty, my friends, will be keeping them away."

After their attendance upon the session of the American Medical Association convention, the visitors made a trip to Rochester, Minnesota, as guests of the Mayo brothers. In Boston, on June 19, the visitors spoke at sessions of the Massachusetts Medical Society. After this, came visits to Detroit, Cleveland, Pittsburgh, Philadelphia and New York City, accompanied by Dr. Franklin Martin, member of the Advisory Commission of the Council of National Defense and chairman of the General Medical Board, and Major Henry D. Jump of the General Medical Board, arrangements being made in advance for them to speak at meetings held

under the joint auspices of the State Committees, Medical Section, Council of National Defense and the local medical societies. Upon all these occasions the visitors urged the need of physicians at the front, and warmly seconded the efforts of the State Committees, and of Dr. Martin and Major Jump, in appealing to the doctors to enroll in the Medical Reserve Corps, Naval Reserve Force and Volunteer Medical Service Corps.

On the eve of their departure, the distinguished visitors were entertained at a dinner given them by the New York doctors at the Metropolitan Club.

Therapeutic Notes.

Conjunctivitis—Ulceration in.

Hydrochlorate of hydrastin, 1 grain.

Sulphate of zinc, 3 grains.

Rose water, 1 ounce.

From 5 to 10 drops in a dram of warm water may be dropped slowly into the eye two or three times a day. For any form of persistent ulceration this combination can be varied to suit the condition and will be found valuable.—Medical Brief.

Nerve Tonic.

Dr. Goodell recommends the following in conditions of nervous exhaustion:

Extract of sumbul,

Sulphate of iron, of each gr. xx.

Asafetida, gr. x.

Arsenous acid, gr. ss.

M. et fiant pilulae xx. Sig.: One pill after meals three times a day.—Hare's "Practical Therapeutics."

Infective Jaundice.

Drs. M. Garnier and J. Reilly, in a paper *Le Monde Medical*, Paris, December, 1917, on "Ictero-genic Spirochaetosis, give the following under "Treatment":

Up to the present we are not in possession of a method of treatment which can be described as specific in spirochaetosis. Sero-pathy, which absolutely protects the guinea-pig against injections of the virus, has not hitherto yielded conclusive results in man. The arsenobenzols appear to be indicated on account of the relationship of the parasite of infective jaundice with that of syphilis. It has not been possible to try their action except in small doses on account of the deep-seated disturbance that the icterigenous spirochate sets up in the liver and kidney and as a matter of fact if they have not yielded any tangible results. In the apyretic forms where, on account of the patient's good general health and the functional activity of the kidneys, larger doses could be employed they did not seem to us to exert any particular action. It follows that symptomatic treatment is the only one at our disposal and fortunately it is not devoid of efficacy.

In the medium forms of infective jaundice with febrile recrudescences the patient is placed on strict milk diet; a mild purgative calomel or sulphate of soda, to be given at the onset, then urotropine doses of one gramme or a gramme and a half, daily, keeping an eye

on the renal function, the daily excretion of urine being measured. Frequent search for albumen is to be made and the patient is only to return to ordinary food when the urine has become normal.

In the severe forms with incessant vomiting and scanty urine we must begin by ordering plenty of liquid, lactose water, tea and lemonade without insisting on milk which is often distasteful to the patient and is rejected. The renal functions are stimulated by tepid baths and cold enemata. Wet cupping over the lumbar region. In presence of uraemia, especially if with convulsions and dyspnoea, venesection. At the same time the heart is reinforced by injections of caffeine, sparteine and camphorated oil. Should asthenia be very pronounced and the blood pressure low, give adrenaline, preferably by subcutaneous injection. When vomiting is incessant, rendering it impossible to retain even fluids, recourse may be had to enemata of normal saline solution with glucose, given drop by drop. In grave cases with anuria or oliguria the action of caffeine can be combined with that of prolonged tepid baths, venesection or wet cupping in the lumbar region at the same time giving liquids by the mouth or the intestine. In many instances this treatment has proved successful, the kidneys are thrown open, the vomiting ceases, Ambard's constant falls and the disease runs its usual course.

As a rule the fever of recrudescence is well borne, the discomfort which it causes can be dealt with by the usual antipyretics, especially aspirine and pyramidon. During convalescence if there be much anaemia we can give preparations of iron. In the apyretic forms it will suffice to prescribe milk diet and urotropine and if the urine does not contain any albumen we can shortly institute the lacto-vegetarian regimen. In all cases we must not forget that icterogenous spirochaetosis, even in its slighter forms, always leaves the patient enfeebled and prostrate and convalescence will have to be proportionally long in order to allow the organism to recover itself and resist offensive returns of the disease.

Psoriasis—Treatment of.

Dr. H. W. Barber, the *British Medical Journal*, recommends the following plans of treatment in order to return men to active military duty in the minimum period of time. Where there is a generalized eruption on the body and extremities the patient should receive a bath every morning, the first two baths containing cresol and sodium or potassium carbonate, thereafter only the alkali. Following the bath and again in the evening all of the affected parts, except the genitals, are to be covered with the following ointment:

Chrysarobin, 0.6 (gr. x).

Salicylic acid, 1.0 (gr. xv).

Phenol, 0.6 (gr. x).

Zinc oxide, 6.0 (dr. iss).

Lanolin, } of each equal parts, to make
Petrolatum } 30.0 (oz. i).

During this treatment the same suit of pajamas is worn night and day and allowed to become impregnated with the ointment. The genitals are protected by thorough application of Lassar's paste. If any area becomes acutely inflamed Lassar's paste containing a

little ichthyol should supplant the ointment. At the end of a week the eruption is usually well cleared up, when Lassar's paste containing two per cent. of salicylic acid is applied to the treated parts, the pajamas are changed, and the bath reduced to alternate days. Very resistant patches of eruption may require the application of an ointment like the one given, but containing 1.3 gram of chrysarobin and 1.6 gram of salicylic acid. Lesions on the scalp and forehead should be treated by the application of the following ointment after cutting the hair very short and shampooing:

Pyrogalllic acid, 0.6 (gr. x).

Salicylic acid, 1.0 (gr. xv).

Phenol, 0.6 (gr. x).

Ointment of yellow oxide of mercury, 30.0 (oz. 1).

Florid persons with an inflamed eruption should have a milk diet with free purgation and a mixture of wine of antimony and potassium citrate.

Bubo—Carbolic Acid Treatment.—Dr. Wolff uses pure carbolic acid liquefied by the addition of one-tenth by weight of rectified spirit, for the treatment of bubo. If non-suppurating he applies every day a layer to the central part over one square centimeter. He ceases these applications when the skin desquamates, and begins afresh a few days later, unless the bubo has disappeared. When the bubo contains pus, the latter is evacuated, and the pocket is touched with the carbolic preparation every two days until granulation takes place, when a simple iodoform dressing is applied.—Medical Press.

Colic.—Anise tea taken by the mother prevents colic in nursing babies (Med. Summary), and increases the flow of milk. Fennel seed tea does the same. Oranges, eaten freely, increases the secretion and flow of milk.

Chlorate of Potash in Conjunctivitis.—A 5 per cent. or, better still, a 3 per cent. solution of chlorate of potash in water, used in the form of lavages several times a day, gives excellent results in conjunctivitis, according to the Medical Press and Circular. This solution is non-irritant and may be used freely without inconvenience. This treatment is indicated in all the forms, acute or chronic, of conjunctivitis, and particularly in chronic catarrhal conjunctivitis, which, as a rule, is very tenacious. The solution used as an eye bath morning and evening acts favorably and rapidly. On the other hand, under the influence of chlorate of potash, ulcerations of the cornea heal rapidly, and a patient suffering from superficial marginal keratitis was completely cured in a fortnight.

Colon Bacillus Pyelitis in Boys.—Dr. G. W. Graves, in Amer. Jour. of the Medical Sciences, says that the best routine treatment for pyelitis in children is the administration of sufficient alkali to render the urine alkaline and to maintain this reaction. If hexamethylenamine is employed the formaldehyde excretion should be watched and the urine should be examined frequently, with a view to forestalling injurious effects upon the kidney parenchyma. In all obstinate cases autogenous vaccine should receive a thorough trial.

Magnesia and Cancer.—Dr. Dubarde, in La Presse Medical, says he gives from 8 to 12 grams of white magnesia daily to all of his operative cases of cancer, his theory being that poverty of the organism in magnesia favors the development of malignancy. Remineralization would seem to be an important aspect of the problems of prophylaxis and immunity.

Hospitals, Sanatoria, etc.

Allenwood Tuberculosis Hospital.

The Monmouth County Board of Freeholders last month received bids for the construction of this hospital which aggregated \$61,648, exclusive of the sinking of an artesian well at a cost of about \$4,000. This with the grounds will bring the total cost to \$90,000.

The awarding of contracts for this hospital has been deferred on account of questions raised by the National Government.

Greater Hospital Provision Needed for the Tuberculous.

Pressing need for immediate increase of hospital facilities to accommodate tuberculous persons, said to number more than 1,000,000 in the United States, is emphasized in a statement issued by the National Tuberculosis Association. In the efforts to provide such increases, it was asserted, the expenditure involved would be kept to a minimum during the continuance of the war. The association announced it was co-operating, in this connection, with the capital issues committee of the Federal Reserve Board.

State Village for Epileptics, Skillman.

The report of the State Village, covering eight months and making up the last fiscal year, has recently been submitted to Governor Edge by the superintendent, Dr. David F. Weeks. An increase of more than twenty-five per cent. in the cost of operation and the difficulty of securing sufficient help of any kind are emphasized in the report; there are 24 less employees at the institution than last year. The scarcity of employees has necessitated operation of some of the cottages without the regular presence of an attendant. Patients have shown a willingness to co-operate by assisting in caring for other patients more helpless than themselves.

At the close of the fiscal year there were 771 inmates of the institution, of whom 397 were males and 374 females. There were 134 admissions, including seven readmissions of previously discharged patients; fifty-one deaths, of which twenty-one were due to the effects of epileptic seizures. Twelve patients were discharged at the request of relatives. The per capita cost for the eight months was \$261.93, while for the fiscal year 1917 it was \$319.06 for twelve months.

Every effort has been made at the institution to co-operate with the food and fuel administrators, with the result that the consumption of beef was reduced fifteen per cent., flour forty per cent., sugar fifty per cent. and lamb sixty-seven per cent. The school and assembly building were closed during the winter and the laundry work reduced to save coal. School

classes were held in the cottages. The report again calls attention to the unsatisfactory conditions resulting from failure to repeal the law dividing contracts without fixing responsibility. Buildings due to have been completed in November, 1916, have not yet been finished.

Bonnie Burn Sanatorium.

Superintendent John E. Runnells, M. D., reports as follows:

On June 1 there were 174 patients in the sanatorium—108 males and 66 females. During June 50 patients were admitted, classified as incipient, 0; moderately advanced, 5; far advanced, 17; pre-tubercular, 28. Largest number present during month, 195; smallest, 166; patients in hospital July 1st, 195.

Glen Gardner Sanatorium.

This State sanatorium for tuberculosis diseases held a special Fourth of July celebration by raising of a new flag by the Children's building; a parade, a military drill by the boys and a flag drill by the girls. A meeting was held with vocal music, music by the Mt. Kapp Band and an address by Dr. S. B. English to the superintendent. Recently Dr. T. W. Corwin of Newark was elected president of the board of managers, Dr. F. J. Hughes, Plainfield, vice-president, and Dr. S. B. English as chief executive officer.

The board of managers of the Sanatorium met at the Robert Treat hotel, Newark, on July 11, and elected Dr. Samuel B. English chief executive officer with the title of superintendent. Dr. English was given power to increase the medical staff by one, so that more laboratory work can be conducted. There was also a discussion of the new laws governing the work of the board and of charitable work in general.

Society of the Oranges and a former member of Orange Chapter, S. A. R. He was latterly a member of the Medical War Examining Board and several years ago was city physician of East Orange.

For a little more than three years Dr. Gray was director of the Division of Tuberculosis for the local Health Department, having been appointed in June, 1915. His studies and specializing in tuberculosis had earned for him recognition as an authority on that disease. His appointment came when the health authorities decided to entirely reorganize the tuberculosis division, with respect to both the sanatorium at Verona and the field work in the city. Dr. Gray was in absolute charge of the Verona institution until it was turned over to the county last year. Up to the time of his death he directed the field work. Dr. Gray rendered most valuable service during the infantile paralysis epidemic of 1916, as chief diagnostician for the Health Department. Day and night, with two assistants, he worked almost continuously throughout that siege and almost every case reported came under his attention.

After completing his duties in his Newark office, Dr. Gray returned to his home on the afternoon of July 22 complaining of a slight attack of indigestion; he fully recovered and retired about 9 P. M., saying he felt perfectly well, but two hours later Mrs. Gray found him, as she thought, unconscious. Dr. Frank B. Lane, who was summoned, found that Dr. Gray had died probably some time before.

Dr. Gray was rated as an eminent specialist in diseases of children. As a Christian gentleman and a citizen he was universally esteemed.

(See Editorial Columns).

Personal Notes.

Death.

GRAY.—At East Orange, N. J., July 22, 1918, Dr. Thomas Neptune Gray, in the 65th year of his age, from apoplexy.

Dr. Gray was born at Liberty Corners, N. J., March 10, 1854; he was the son of the late Dr. and Mrs. William K. Gray, and like his father, was a practicing physician in East Orange for many years. Dr. Gray received his early education in private schools in Madison and Summit and later attended Newark Academy. In 1879 he was graduated from the College of Physicians and Surgeons, New York, and in the same year started his practice in the Valley section of Orange. Three years later he became associated with his father in the Brick Church section of East Orange. The latter died in 1896.

Dr. Gray was a Fellow of the American Medical Association; a former president of the Academy of Medicine of Northern New Jersey and of the New Jersey Pediatric Society; at the time of his death and for six years preceding was secretary of the Medical Society of New Jersey; was a member of the Executive Council of the New Jersey Sanitary Association; a member of the Society for the Relief of Widows and Orphans of Medical Men of New Jersey; a member of the Practitioners'

Dr. Samuel E. Armstrong, Rutherford, has been appointed one of the managers of the Isolation Hospital for a three year term.

Dr. Gustav A. Becker, Morristown, spent ten days last month at Sea Girt. He is surgeon of the Fourth Battalion, State Militia.

Dr. Linn Emerson, Orange, and son have been making records as tennis winners on the Montrose courts.

Dr. James R. English, Newark, and family are at their Budd Lake cottage for the summer.

Dr. Walter P. Glendon, Bridgeton, has been led by the urgent request of the staff of the hospital to resign from the M. R. C. as five members of the staff are in war service and his absence would seriously affect the hospital. The Surgeon General concurred that his duty for the present is in the home field.

Dr. Henry A. Henriques, Morristown, has returned from a successful fishing trip to Canada with other Morristown men.

Dr. Archibald Mercer, Newark, and wife spent a few days in Morristown, last month.

Dr. Stanley N. Nicholas, East Orange, formerly intern at the Long Branch Memorial Hospital and later of the Naval Reserve Force in Brooklyn, has been commissioned an assistant surgeon in the navy.

Dr. James H. Rosecrans, Hoboken, and wife spent a few days at Blairstown, last month.

Dr. Matthew K. Elmer, Bridgeton, and wife are spending a few weeks in the Northwest. They expect to return about September 1st.

Drs. Thomas W. Harvey, Orange, and P. A. Harris, Paterson, are spending their vacations in the Maine woods. Dr. Harvey returned home on August 1st.

Dr. John J. Haley, Gloucester City, has been elected president of the Gloucester City Trust Company.

Dr. J. Willard Farrow, Dover, has joined the M. R. C. and is waiting for call to active service.

Dr. Henry W. Kice, Wharton, has received word that his son Lieut. Luther H. Kice, has arrived in France.

Dr. Victor Mravlag, Mayor of Elizabeth, was the guest of honor at a testimonial dinner given in celebration of his seventieth birthday, July 18th. It was attended by 300 persons. The Mayor was the recipient of a marble bust of Dante. Several speeches were made in commendation of his work as a city official and physician. Former Prosecutor C. Addison Swift was toastmaster. Among the speakers were Mayor Charles P. Gillen of Newark; Frank Bergen, counsel for Public Service; Dr. Arthur Stern, the presidents of the Board of Works, the Board of Education, the Chamber of Commerce and the president of the City Council.

Dr. William M. Barnes, Madison, and wife spent a week in Pittsburgh, Pa., last month.

Dr. W. Leslie Cornwell, Bridgeton, M. R. C., spent a brief time home last month. It is reported that he will soon go overseas.

Dr. Norman W. Currie, Plainfield, and Dr. Charles M. Gray, Vineland, have accepted commissions in the M. R. C.

Dr. Henry P. Dengler, Springfield, has been reappointed medical inspector of the Union Township schools.

Dr. Richard H. Dieffenbach, Newark, and wife recently returned from a ten-day automobile trip through New York State.

Dr. Louis L. Davidson, Newark, was registered at the Prentwood, Bradley Beech, recently.

Dr. Z. L. Griesemer, Roselle, who is in the M. R. C. service in France, has sent copies of the trench newspaper, "Stais and Stripes," home to his wife.

Dr. Richard Gruessner, New Brunswick, has been promoted to captain in the M. R. C. and is now at Camp Johnston, Jacksonville, Fla.

Dr. J. Lynn Mahaffey, Camden, and wife are spending two months at Ocean City.

Dr. Paul M. Mecray, Camden, and family are at Buckhill, Pa., after a short season at Cape May.

Dr. Paul H. Markley, Camden, spent the month of July at Beavers Beach, Delaware.

Dr. Edward L. Minard, East Orange, has received a commission as lieut. M. R. C. and assigned to a base hospital in Georgia.

Dr. H. Raymond Mutchler, Dover, and wife spent a week last month in the Catskills.

Dr. Laurance P. Runyon, New Brunswick, and wife are receiving congratulations on the arrival of a baby daughter in their home.

Dr. Alvan A. Swayze, Hackensack, and wife spent two weeks last month in the Adirondacks.

Dr. Elmer G. Wherry, Newark, who underwent a serious operation in Asbury Park, is recovering.

Dr. Jotham C. Johnson, Newark, is spending

August with his family at their summer home at Sodus Point.

Dr. Wellington Campbell, Short Hills, and party recently returned from a 1,300-mile trip through New York State and Pennsylvania without a mishap en route.

Dr. Francis H. Glazebrook, Morristown, and wife have taken a cottage at Edgartown, Mass., for the summer.

Dr. Robert H. Hamill, Summit, and wife have been visiting at Richwood, W. Va.

Dr. Frank B. Lane, East Orange, and wife were at the Knickerbocker, Asbury Park, in July.

Dr. Joseph MacDonald Jr., East Orange, major M. R. C., has the profession's sympathy on the death of his father at his residence last month.

Dr. Carl H. Wintsch, Newark, and wife are occupying their cottage at Hillside, Atlantic Highlands.

Dr. Daniel Strock, Camden, chairman Camden County Red Cross, addressed the Lutheran Congregation, Collingswood, July 21st.

Dr. Edward R. Hunter, Delanco, has been commissioned as lieutenant M. R. C., and is stationed at Washington, D. C., with First Aid Division of the Red Cross.

Dr. B. W. Hoagland, Woodbridge, has been promoted from Lieutenant to Captain, M. R. C., and is stationed at Camp Johnston, Jacksonville, Fla.

Dr. Carl R. Keppler, Newark, and family are at the Hartwood Club near Hartwood, Sullivan County, N. Y.

Dr. Joseph S. Mark, Roosevelt, has recently moved to Woodbridge.

Dr. Samuel C. Haven, Morristown, and wife will spend the month of August at Bailey's Island.

Dr. Harry M. O'Reilly, Summit, was given as lieutenant in the July Journal. It should have been captain M. R. C. He has recently been ordered to Fort Oglethorpe, temporarily, and will go to France soon.

Dr. W. D. Rowland, Asbury Park, is a first lieutenant, M. R. C., and is with base hospital No. 44 "over there."

Medical Examining Boards' Reports.

	Examined.	Passed.	Failed.
Colorado, April.....	12	8	4
Idaho, April.....	5	5	0
Illinois, February....	65	50	15
Maine, March	19	17	2
Massachusetts, Mar.*	63	49	14
Minnesota, April	16	16	0
Missouri, March	49	42	7
Montana, April	17	12	5
Nevada, May	1	1	0
New York, January..	103	60	43
New York, March....	123	115	8
Rhode Island, April..	6	4	2
Washington, January.	32	30	2
Wyoming, February..	5	4	1

*Massachusetts Service Examinations; recent graduates eligible for war service, 68 examined, all passed.

Changes in N. J. State Board.

Governor Edge recently announced the re-appointment of Dr. John J. Mooney of Jersey City as a member of the State Board of Medi-

cal Examiners. Dr. Philip Marvel and Dr. J. W. Hughes of Atlantic City were also appointed as members of the board.

The National Board of Medical Examiners held examinations at the Medical Officers Training Camps at Fort Oglethorpe, Ga., and Fort Riley, Kan., in April. Fifty-three applicants applied for examination, 23 of whom were found to have the necessary preliminary and medical qualifications, and of these eighteen passed and five failed.

Public Health Items.

Health Officer Wells, Montclair, reports 23 deaths in June, a death rate of 10.3. There was one case of infantile paralysis, resulting in death.

Tuberculosis Clinic.—The first clinic in Linden was given in the town hall, July 12, when Dr. John E. Runnells of the Bonnie Burn Sanatorium made an address.

Infantile Paralysis at Dubuque.—Dr. Ed. C. Rosenow, with laboratory equipment from the Mayo Foundation, Rochester, Minn., arrived in Dubuque on July 9th, to aid the local health authorities in the work of checking the spread of infantile paralysis which is epidemic there. Since July 4th forty-two cases, with ten deaths, have been reported.

Maternal Mortality.—The March number of the Monthly Bulletin of the department of public health and charities of Philadelphia gives a table of figures showing the comparative mortality of women in childbirth and after labor in certain foreign countries and in various cities in this country. It is shown that in 1916 Philadelphia, with a death rate of seven, or one in 143 births, had the highest rate of any city or country for which figures are available. In New York City the rate was 4.6, or one in 217; in Newark, 2.2, or one in 454; in Detroit, 3.7, or one in 270; in St. Louis, 5.2, or one in 192; in Cleveland, 5.6, or one in 180; in Boston, 6.5, or one in 153; in Baltimore, 6.8, or one in 147; in Buffalo, 3.2, or one in 312.

Child Health Organization.

Some time ago a group of specialists in diseases of children met in the New York Academy of Medicine and organized a Committee on the War Problems of Childhood. A few weeks' study showed that the wartime problem as related to children was so broad that a larger organization was desirable. The matter was referred to Secretary Lane of the Department of the Interior who urged the formation of a National Committee. However, as it seemed undesirable to add an entirely new organization to the many already in existence, it was decided to affiliate with the National Child Labor Committee, hence the Child Health Organization has come into existence. Its proposed lines of activity are to teach health habits to children and to secure adequate health examinations for all children in the public schools of the country; to consider the urgent problem of malnutrition among school children; to safeguard the health of children in industry; to awaken the public to the neces-

sity of conserving the health of the school child as a basis of national security and stability; to promote or co-operate with other bodies in securing legislation for the attainment of these objects. Dr. L. Emmett Holt is chairman of the executive committee.

Eliminating Drink as a Health Measure.

President Bevan, in his A. M. A. presidential address, said: As we analyze the facts in a scientific and medical way there can be no doubt of the injurious effects of alcoholic drinks on both the physical and mental well-being of our population. There can be no doubt that the greatest single factor that we can control in the interests of the public health of the nation would be the elimination of alcoholic drink.

In the slow evolution of civilization, many great wrongs persisted for centuries because people had become so accustomed to them that they were accepted as matters of course. They became so intrenched that it required either centuries of education or a revolution to extirpate or right them. Great epidemics and plagues were accepted as inevitable and as visitations of God. Government by autocratic power and divine right without the consent of the governed has been tolerated. Slavery with its horrors was defended. The unequal rights of women went unquestioned. Among these great wrongs too long tolerated, none has done more injury to mankind than drink. Events now are moving rapidly in the convulsions of a world war. Women have demanded and will obtain, as they deserve the world over, their equal rights. The course of events is writing the death warrant of autocracy and rule by divine right; and science and education should eliminate not only the plagues and epidemics but also the curse of drink from the world.

I want to plead for the united action of the organized medical profession of this country to secure protection by law against the injury that drink is doing to our people, not as a political measure, but as the most important public health measure that could be secured. In this crisis when we and our allies are fighting not only for ourselves but for humanity and civilization, we must organize the entire nation in the most efficient possible way, and this cannot be done without eliminating drink. Each member of the medical profession as an individual, each county medical society, each State medical society should take an active part in the propaganda against drink, and secure national prohibition, not years from now but now when it is so badly needed and will accomplish so much good, not only for our boys in khaki and in blue, but for the nation in arms. And when it has once been done away with, it could no more be resurrected after the war than could slavery."

The Preventorium.

The Evening Record, Hackensack.

Dr. William Brady, medical writer and adviser of the public, suggests that "preventories" be established in cities, towns and rural communities with a view to catching tuberculosis in children before it gets a real grip. His plan sounds pretty reasonable. He wants to get children with latent tuberculosis and put them in wholesome surroundings where

they will outgrow the tendency to the disease.

"The child with latent tuberculosis is just a little below par," he says. "Not an invalid at all, but still not a 100 per cent. child. Anemia, adenoids, under-weight for age, not so strong in play as healthy children, tires early, has kernels or enlarged lymph-nodes in the neck, groin and elsewhere. No cough unless it be from adenoids. No fever. Just a subnormal child. School medical inspectors find many such children in every school. * * * The preventorium needn't be fancy. A little old farm can be obtained at small cost, and a nurse installed to supervise the children, a teacher to keep up their schooling, a housekeeper and chore man, and there you have a great institution. It is the economical way to apply the stitch in time."

Curing tuberculosis is a difficult and expensive process. Bringing the subnormal child up to normal by some such method as this would seem both easier and cheaper for the community.

Preventive Medicine.—Ex-President Eliot of Harvard University said: "Preventive medicine is capable in the future of doing away with poverty and misery, of remedying industrial disputes, and contributing to the cause of international peace." The medical practitioner of the future, he declared, would be one who prevented disease rather than cured. More than half the physicians of the country, he believes, will eventually be engaged in preventive rather than curative medicine. We may well add to the above that preventive medicine, and it alone, can control the insane and feeble-minded conditions for it may be emphatically stated that insanity and moral problems cannot be solved by building hospitals, prisons and reformatories. It is also true that the highest and noblest form of charity is the prevention of poverty and immorality. Relief and amelioration are necessary because prevention is not practiced. Let us reorganize most of our charity and relief societies into prevention societies.—Indiana State Board of Health Bulletin.

Medico-Legal Items.

Action for Malpractice—Notice Required.—The Wisconsin statute 1913, section 4222, provides that no action to recover damages for an injury to the person shall be maintained unless, within two years after the injury, written notice signed by the party damaged, shall be served upon the person, claiming to have caused such damage, stating the time and place where the damage occurred, describing the injury, the manner in which it was received, the grounds for the claim, and a demand for satisfaction. It is held that under this statute a notice was a condition precedent in an action for malpractice, based on the breach of an implied contract on the part of a physician to exercise proper skill and care in treating plaintiff's broken leg, since the action, whether in tort or contract, was an action for injury to the person. The word "action" refers to the subject matter or nature thereof, and not to its form as a matter of remedial procedure, and the phrase "no action to recover

damages for injuries to the person" refers to an action for bodily injuries, and not to injuries to feelings. —Klingbleig v. Saucerman, Wisconsin Supreme Court, 160 N. W., 1051.

Verification License to Practise.—The Texas Court of Criminal Appeals holds that a license issued to a physician by a member of a medical examining board in 1892, certifying that the physician had been examined by such member of the board, and was thereby licensed to practise medicine and surgery until the next regular meeting of the board, showed on its face that it was a mere temporary license, good only until the next regular meeting of the board, and under no circumstances could be considered the verification license required to be filed under the present law, Acts 30th Leg. c. 123, regulating the practice of medicine in Texas. That statute has been held constitutional by the United States Supreme Court and many times by the State courts.—Gay v. State, 184 S. W. 200.

Medical Works As Evidence.—Scientific books are not admissible in evidence as proof of the facts they set forth, but if a witness assumes to base his opinion on such books, extracts may be read from them to contradict him. Having expressed an opinion upon a matter material to the issue, a medical expert witness may be cross-examined whether that opinion is based upon personal experience or upon books which he has read, and this whether or not he has stated in his direct examination the basis of his opinion. Should he testify for the first time upon cross-examination that his opinion is based upon what he has read, counsel has the same right to interrogate him as to the authorities upon which he relies, and then contradict him with those authorities, if he can, the same as if he had testified in direct examination that his opinion was based upon such authorities. The mere fact that the witness on direct examination has expressed his opinion generally will not foreclose counsel, upon cross-examination, from eliciting from the witness the basis of his opinion.—Wilcox v. International Harvester Co., Illinois Supreme Court, 116 N. E. 151.

Books Reviews.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgement to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

The Treatment of War Wounds. By W. W. Keen, M. D., L.L. D., Emeritus Professor of Surgery, Jefferson Medical College, Philadelphia. Second Edition, Reset. 12 mo., 276 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.00 net.

This edition is very much enlarged and the additions and emendations necessitated by the progress in war surgery to date make this a valuable compend of our knowledge up to the present. In the eyes of the reviewer it is one of the most valuable of the number of such books that have come as a result of this world conflict.

A. A. S.

1917 Collected Papers of the Mayo Clinic, Rochester, Minn. Octavo of 866 pages, 331 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$6.50 net.

This the latest volume of this annual collection, whose appearance most surgeons look forward to with much expectancy, while containing a multiplicity of good things, is we feel, quite up to its usual mark. Of course, there are some pre-eminently fine pieces of work and as a whole it is to be recommended as an index of the wonderful work accomplished at this wonderful clinic.

A. A. S.

Local and Regional Anesthesia, including Analgesia. By Carroll W. Allen, M. D., of Tulane University, New Orleans, with an introduction by Rudolph Matas, M. D., of Tulane University, New Orleans. Second Edition, Reset. Octavo of 674 pages with 260 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$6.50 net.

A scholarly effort to combine between the covers of one book all the various points of technic encompassed in the title. It is by far the most complete English version of this important subject and can be confidently recommended to the book buyer and reader.

A. A. S.

The Principles of Hygiene, A Practical Manual for Students, Physicians, and Health Officers, by D. H. Bergey, A. M., M., Dr. P. H., Assistant Professor of Hygiene and Bacteriology, University of Pennsylvania. Sixth edition, thoroughly revised. Cloth, \$3.50 net. W. B. Saunders Company, Philadelphia and London, 1918.

"Hygiene aims to make growth more perfect, life more vigorous, decay less rapid, death more remote." The principles of hygiene then furnish the material for service in the prevention of disease as well as, in large measure, for its cure.

Physicians are familiar in a general way with the subjects treated in this book. It will serve them as a reference for much necessary detail which it is impossible to keep in mind, ready at hand. For the student of medicine the text is ample. For the specialist in civil life or the military service, the data would seem not to be sufficiently comprehensive.

F. C. Horsford.

A Treatise on Clinical Medicine, by William Hanna Thomson, M. D., LL. D., Physician to the Roosevelt Hospital; Consulting Physician to the New York State Manhattan Hospitals for the Insane, and to the New York Red Cross Hospital; formerly Professor of the Practice of Medicine and of Diseases of the Nervous System in the New York University Medical College; Ex-President of the New York Academy of Medicine, etc. Second edition, revised. Cloth, \$5.50 net. W. B. Saunders Company, Philadelphia and London, 1918.

This book by Doctor Thomson makes no pretence of completeness or accuracy in its descriptions of disease and treatment, and is not recommendable as a source of fundamental knowledge of the subjects treated. The doctor relies very largely on his own interpretations

of causes and effects and this especially in the realm of treatment, where he takes much liberty with ones credulity. The discussions of subjects impress one as having been undertaken offhand, without much preliminary survey or careful dissection and selection of data. This is not entirely excusable in the preparation of a book on the Practice of Medicine, in which every effort should be made at scientific accuracy in statement and deduction. "Life, Death and Immortality," a book by Doctor Thomson, which appeared some years ago showed the same faults of logic.

In spite of these criticisms as applied to a treatise on medicine, the book has much to recommend it. The style is simple and there is so little of technical detail that the subjects presented are within the grasp of any intelligent reader. Some topics which receive slight or no notice in "Practices of Medicine," as for instance "Colds," are instructively dealt with. The nature, importance and implication of some symptoms are analyzed in a way to be helpful. And, finally, the student may glean from the great store of Doctor Thomson's knowledge and experience very much indeed that is interesting, entertaining and calculated to make him a better physician.

H. C. Horsford.

REPRINTS RECEIVED.

Practice of Medicine: A Manual for for Students and Practitioners, by Hugh Dayton, M. D., Associate Attending Physician, New York Hospital Attending Physician, Hudson Street Hospital, formerly Instructor in Physician Diagnosis, Cornell University School, New York. Third revised edition. Price, \$1.50. Lea and Febiger. Philadelphia and New York, 1917.

H. C. Horsford.

Diseases of the Male Urethra. By Irvin S. Koll, M. D., Professor of Genito-Urinary Diseases, Post-Graduate Medical School and Hospital, Chicago. Octavo of 151 pages, with 123 illustrations, several colors. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$3.00 net.

The Essentials of Materia Medica and Therapeutics for Nurses, by John Foote, M. D.; Assistant Professor of Therapeutics and Materia Medica, Georgetown University School of Medicine; Instructor in Materia Medica and Therapeutics, Providence Hospital Training School for Nurses. Third Edition. Revised, Enlarged and Reset. Published by J. B. Lippincott Co., Phila. and London. Price, \$1.75.

"Localizing Posterior Gonorrheal Urethritis"; "Food for Thought Concerning our Venereal Problem"; "A Cosmetically Perfect, Bloodless Circumcision"; "Venereal Prophylaxis"; "A Sane and Rational Method in the Treatment of Acute Gonorrhea," by Henry J. Millstone, M. D., Urologist to Washington Park Hospital, Chicago, Ill.

The Importance of Recognizing the Weakness or the Obliteration of the Conjoined Tendon in Operation for Inguinal Hernia, Joseph Colt Bloodgood, M. D., Baltimore, Md.

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THE INVOLUNTARY NERVOUS SYSTEM AND ORGAN THERAPY*

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There is experimental evidence to prove that definite and prompt reactions can be obtained by the injection into dogs of certain materials derived from the thyroid and other endocrine glands. These reactions show an intensification of either the activating or the inhibiting function of the different portions of the involuntary nervous system and seem to be produced through direct stimulation by the organ extracts of the terminal filaments of these nerves. Epinephrin has long been known to have a selective affinity for the sympathetic, and it was, therefore, reasonable to expect the existence in the body of some other corresponding substances which are capable of activating or stimulating the opposing or vagus group of nerves, and material of this character was found to be present in the thyroid.

The stomach is an organ in which the functions of its vagus and sympathetic nerve supply have been quite clearly demonstrated and can be well arranged for study by means of a Pawlow or Janeway fistula. The first tests were made with saline extracts of the thyroid. Fresh pig glands were hashed fine and shaken for two hours and allowed to stand for 18 to 30 hours in the ice box in normal saline solution made faintly alkaline with Na OH. After straining off the coarser material through gauze and filtering through paper the opalescent filtrate was treated with sufficient dilute (10 per cent.) acetic acid to precipitate the nucleoproteins and globulins. After their removal the fil-

trate was boiled and again filtered to separate the acid albumins and this filtrate rendered faintly alkaline to litmus was also boiled and filtered. This final, slightly alkaline filtrate contains only the non-coagulable portion of the original saline extract, and for convenience has been designated as the active thyroid "residue." It is described in some detail because its activity was subsequently found to be impaired or lost unless there was quite marked acidity of the filtrate after the precipitation of the nucleoproteins and globulins. If this first filtrate is boiled in a neutral or slightly alkaline condition the resultant "residue" is more or less inert. Tests of the coagulable portion of this saline extract and of thyroid extracts made with distilled water are also negative.

But the subcutaneous injection of the final non-coagulable or "residue" part of a saline extract is followed by increased gastric peristalsis and by a large increase in the amount and acidity of the gastric juice. The injection of a full dose of atropin which, of course, paralyzes the terminal filaments of the vagus, prevents or inhibits this reaction. The injection of adrenalin, which has a selective affinity for the terminal filaments of the sympathetic, has a closely similar, although not quite so vigorous an inhibitory action. That is, activation or stimulation of the gastric sympathetic by a product of the adrenal gland opposes a similar activation of the vagus by the thyroid.

After section of the vagi just above the diaphragm, there is an immediate reduction in the quantity of gastric juice and the stomach gradually dilates and the dog ultimately dies in an emaciated condition. Soon after the section of the vagi, the subcutaneous injection of the saline extract or "residue" of the thyroid still slightly increases the quantity and acidity of the gastric secretion, but the stimulation is much less than in the normal stomach. Atropin, however,

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shows no inhibitory effect. Adrenalin, on the other hand, still checks the flow.

If, instead of the vagus, the sympathetic nerve supply to the stomach is destroyed by the injection of alcohol around the gastric and pyloric vessels and along the greater and lesser curvatures, then the normal amount and acidity of the gastric secretions seems slightly increased. No other ill effects follow. The injection into an animal thus treated, of the non-coagulable or "residue" portion of a saline extract of the thyroid increases a little more than in the normal dog the quantity and acidity of the gastric juice and atropin inhibits the flow. But adrenalin after destruction of the sympathetic is inert. Tests made with nicotin, by the way, seem to show that this drug inhibits the gastric secretion through a paralyzing effect upon the vagus, but less actively than atropin.

Residues of saline extracts of other organs were then tested and it was found that only the (entire) pituitary acted like the (entire) adrenal and apparently through stimulation of the inhibitory power exerted by the sympathetic. The thyroid, the parathyroid, the pancreas and spleen all in different degrees, when the dose is standardized by its nitrogen content, seem to intensify the activating power of the vagus.

Tests of the effects of thyroid extracts upon other organs, though not as complete as those upon the stomach, show that only the "residue" of a saline extract of the thyroid stimulates the flow of pancreatic secretion, apparently, as in the stomach, through the terminal filaments of its vagus nerve supply. It also increases the vigor of the contraction of both voluntary and involuntary muscle fibres, apparently through their nerve supply; and in kymograph tracings it is a vasodilator, but does not cause any appreciable increase in the pulse rate.

Tests were next made with alcoholic and ethereal extracts of the thyroid, and these were found to be fully as active if not more so than the residue of the saline extract. If, however, the extracts were made from thyroid material which had been dessicated like the commercial thyroid powder, the results showed that their activity was more or less impaired. In other words, the ordinary tablets of thyroid are by no means as "good" or active as the fresh gland. After freezing, however, the organs can apparently be stored for a long time and the extracts will still be indistinguishable in their effects from those of the "fresh" organs.

None of the coagulable materials which

can be extracted from the thyroid gave any reactions, at least within the usual laboratory three- or four-hour period.

To recapitulate, there is then some substance which can be extracted from the thyroid with ether or alcohol, or with a slightly alkaline saline solution, but not with distilled water, which is capable of producing an immediate response in the dog's stomach and other organs. This non-coagulable material appears to act through the terminal filaments of the vagus and not through the sympathetic, because its effects are prevented by atropin and by section and degeneration of the vagus. Furthermore, when administered intravenously and the results noted in kymograph tracings, there occurs vaso-dilation and no appreciable increase in the pulse rate. These reactions indicate that the only material capable of producing immediate physiological reactions which can be obtained from the thyroid stimulates, not the sympathetic as is generally believed, but the vagus.

Similar preparations or "extracts" made from the normal human thyroid, as obtained at autopsy, act like those from the pig gland. And this activity, as has always been believed, seems dependent more or less upon the iodine content of the extract. The sheep gland extract, for example, contains much less iodine than that from the pig, but when the dose is standardized in iodine the effects of the sheep and pig extracts are approximately the same.

Before proceeding further it should be recalled that the involuntary nervous system supplies probably every organ in the body (except, so far as is known, the brain) with filaments which seem to have opposing functions. One group of the filaments, as determined by electrical and drug tests, seems in general to increase or activate the function of the organ to which it is distributed, while the other inhibits. This stimulating or activating portion of the involuntary nervous system, designated by Langley as the autonomic or vagus group, is carried in the third, seventh, ninth, tenth and eleventh cranial nerves, and the visceropelvic nerve which supplies the bladder, rectum and genitals. The other portion is composed of those nerves and plexuses always known as the cervical, thoracic and abdominal sympathetic. These evidently oppose or inhibit the activating function of the autonomic or vagus group, and for a long time there has been a suspicion that this inhibitory action might be more direct than that which results from the evident

power of the sympathetic to constrict blood vessels or merely inhibiting by local anaemia.

In the stomach, at least, extracts of the pituitary and adrenal glands—and these extracts contain something more than adrenalin—seem in different degrees to intensify the function of the sympathetic, while the thyroid, parathyroid, pancreas and possibly other organs similarly in different degrees, seem to intensify that of the vagus. If these observations can be confirmed and extended, then there is opened an entirely new chapter in the physiology of nutrition. For the product of the thyroid with its selective affinity for the vagus, and of the adrenal with its selective affinity for the sympathetic, can in all probability, exert their stimulant effect upon the function of these nerves only through some nutritional influence upon each gastric cell. That is, a gastric secretion which is prolonged over an hour, as in these experiments, must be accompanied by the absorption into the gastric cells of food materials from the blood. This process is apparently promoted by the presence of the thyroid product and prevented by that of the adrenal. Both of these secretions must accompany the food in the circulation, and it is conceivable that each acts like a mordant in the fixation of dye stuffs in cloth. The thyroid secretion facilitates, and the adrenal hinders the entrance of food materials into the cell.

These processes which apparently have a nutritional character, provide an automatic mechanism for correlating the activities of every organ. It is dependent upon: (a) the integrity of each organ's nerve supply which consists of "activating" filaments from the vagus or autonomic system, and "inhibitory" filaments from the sympathetic; (b) upon the character and amount of the circulating endocrine (and nutritional) material. There must be the requisite amount at the proper time with either an affinity for the vagus fibrils to activate the terminal cell nutrition, or for the sympathetic to inhibit the process; and finally, (c) upon the number and vitality or biochemical powers of the terminal receiving cells. These cells evidently have limitations.

The applications of this theory and its relations to disease of the endocrine glands and to organ therapy in general are best shown in the functional disorders of the thyroid and of the stomach. When myxoedema can be relieved or cured by thyroid feeding, the patient must first of all possess a certain minimum amount of thyroid epi-

thelium which is capable of performing a certain minimum amount of normal biochemistry. If these cells are insufficient in number or have been damaged beyond some (unknown) point, then both experimentally and clinically thyroid feeding of any kind, although a temporary alleviation of symptoms may occur, is in the end ineffective. This means that the ingested material, after its passage through the gastro-intestinal tract and liver, must emerge into the circulation probably as an iodized amino-acid which cannot perform the normal functions of the gland but must first be absorbed by it as a nutriment and then be metabolized into the thyroid product. There is also considerable experimental and clinical evidence to prove that the nearer the ingested thyroid material approaches in its chemical composition to that of the normal thyroid epithelium, the more easily it seems to be absorbed and the better is the effect. Presumably, this means that cells of poor vitality, or of insufficient quantity, can more readily absorb a material which is like their own protoplasm. As no other medicament can take the place of thyroid feeding when the product of the gland falls below a certain unknown point, it seems to signify that the gland is "auto-activated." That is, that a certain portion of the thyroid product is a necessity for the glands' own nutrition, and in this respect myxoedema has a close resemblance to the "deficiency" or "vitamin" diseases. Certainly the ingestion of a very little of the right kind of "food" will accomplish very much.

As to the kinds of medicament which are available, it has long been known that the "fresh" gland is better than the dried material, and this has been confirmed in our experiments. Some years ago I began to employ the coagulable substances which can be isolated from a saline extract of fresh pig and sheep thyroids. These are mostly nucleoproteins, and their use was suggested because the parathyroid nucleoprotein material obtained from beef glands seemed capable of keeping a parathyroidectomized dog alive longer than any other material which then could be separated from the parathyroid. These coagulable thyroid proteins clinically, in cases of hypothyroidism, seem more efficient and less toxic than the dried whole gland, and more practicable than the "fresh" gland. The dosage ranges from 1/100 to 1/5 grain every three or four hours. The "residue" of this saline extract, described above, seems to contain some iodized amino-acid, and when stand-

ardized to hold about 2 per cent. of this material, is sometimes valuable when the other materials fail. The dosage varies between five and twenty or thirty minims frequently repeated. An alcohol or combined alcohol and ether extract also seem valuable.

As stated above, all of these non-coagulable materials seem to activate or intensify the activating powers of the terminal filaments of the vagus or autonomic group of nerves, and hence when the symptoms indicate deficient functionation in this particular system they can have a wide and useful application. But in the case of the thyroid, their best service is performed only after their passage through its epithelium. In this process, by its affinity for the activating vagus thyroid terminals, the thyroid secretion is increased in more or less direct proportion to the amount of the dosage, and hence overdosage by exciting the signs of hyperthyroidism can readily prove toxic.

In exophthalmic goitre, then, the superabundance of thyroid secretion once having become established, returns in the circulation to its source and by its affinity for the activating nerve supply of the gland, and by its apparent necessity for the nutrition of the thyroid epithelium, establishes a vicious circle which experience has proved can best be broken by excision of enough of the gland to reduce its surplus product or by cutting off its chief blood supply. But the operation does not always cure, and the causes of failure must be sought in a study of the origin and progress of the disease.

There is a large group of disorders in which the most constant and most prominent causative factor seems to be fatigue. Certainly in these conditions, of which hyperthyroidism and gastric hypersecretion are common examples, the symptoms are intensified by fatigue and relieved by rest. Little is known about the fatigue of secreting epithelium, but much has been proved about fatigue of nerves. It apparently does not involve their power to conduct impulses, but does affect the functional capacity of their end plates and these, in the involuntary system, apparently control the nutritional processes of "activation" on the part of the vagus group, and of "inhibition" by the sympathetic. These disorders which seem consequent upon fatigue, are most common in individuals of the "nervous" type, and a "nervous" person can be defined as one who is unusually susceptible to environment and who, therefore, responds to every kind of stimulus with more than the usual energy, and hence is susceptible to fatigue. This

should involve the end plates of either the activating or inhibiting nerves, or both.

As a general rule, the functional diseases of the thyroid seem all to be closely related and to pass through several successive stages. They usually begin with symptoms which without the presence of the goitre or thyroid hypertrophy, are indistinguishable from ordinary fatigue. When the enlargement of the gland is, at least, perceptible, the weariness, headache, pale, dry skin, low blood pressure, normal or slow pulse, wakefulness, anorexia and constipation, are all supposed to indicate not fatigue but hypothyroidism. The "goitre," histologically and according to accepted teachings, apparently represents an hypertrophy to compensate for excessive or unusual (automatic) demands upon a susceptible or "weak" organ. In this stage, "feeding" one or another kind of thyroid may relieve the symptoms and may make the gland shrink, but it will seldom effect a cure without the addition of rest. After the first stage or that of hypothyroidism, a continuation of the fatigue may be followed by an intensification of the symptoms into those of myxoedema.

Instead of hypothyroidism advancing into myxoedema it may go in the opposite direction, or into hyperthyroidism; the headaches and languor will more or less rapidly disappear, the pale, dry skin will become more and more flushed and moist, and the anorexia change to an excessive appetite and constipation to regular or loose bowel movements. The slow pulse then changes gradually or intermittently to the tachycardia which is supposed to be characteristic of the stage of hyperthyroidism. This symptom is generally believed to be caused by the direct stimulant effect of the thyroid secretion upon the cardio-accelerator or a sympathetic nerve. But, as has been previously stated, no material can be isolated from the thyroid which has any affinity for the sympathetic, and hence the tachycardia, although a constant accompaniment of hyperthyroidism, must be a result of the general pathological physiology in which the excess of thyroid secretion is only part. The exophthalmos, which is often so noticeable, is by no means constant in hyperthyroidism, and its cause is unknown. If present, it indicates chiefly, according to my experience, an increase in the gravity of the prognosis.

When analyzing for diagnostic and therapeutic purposes the other symptoms of hyperthyroidism, it is necessary to think in

terms of the involuntary nervous system. As the best obtainable evidence at present points to the vagotropic character of the thyroid secretion, the signs of autonomic irritation or activation are those which alone should be considered to indicate an excess of thyroid product. These are chiefly the sweaty, flushed skin, the moist mouth which is sometimes that of salivation, the good or excessive appetite (vagus hunger contractions), and the frequent bowel movements; but the heart, which beats quickly and without force, shows only the influence of the sympathetic. If, however, there is a sensation of thumping or pounding, or if there is an exaggeration of the precordial impulse, the evidence is in favor of thyroid hyper-secretion and so of vagus activation. Otherwise, and in spite of tachycardia, there is really present the condition of hypothyroidism. The pale, dry skin (contraction of the cutaneous vessels), gaseous indigestion, constipation and often elevated blood pressure (vaso-constriction), are all evidences, like tachycardia, of sympathetic and not vagus activation and so, therapeutically, should indicate thyroid feeding and should counterindicate radical excision.

There are, nevertheless, many cases which show signs of both disturbances at the same time, and not infrequently it is difficult or impossible to determine which preponderates. Under these conditions, when there are present evidences of both sympathetic and vagus activity, or irritation, one must fall back upon an interpretation of the general significance and course of the disorder.

In the first place, the hypertrophy of the gland, as remarked previously, seems to be an enlargement to compensate for demands upon a weak organ to activate the autonomic or vagus group of nerves. That is, there is some primary deficiency which can be most probably credited to a fatigue and proportionate decrease in the functional efficiency of the whole involuntary nervous system. The end plates of both the vagus and sympathetic fail and there is a consequent deficiency in the nutrition and functional activity of all organs. The symptoms of asthenia coupled with the presence of a "goitre," or a perceptible thyroid, are then interpreted as those of hypothyroidism.

Next, if this initial fatigue involves the sympathetic more than the vagus group, or if the patient is endowed with a stronger vagus than sympathetic; that is, if the "drive" exceeds the "inhibiting," the al-

ready enlarged thyroid is forced by its activating and the failure of its inhibition nerve supply to secrete more than it should, and its superabundant product returns to its source and establishes the hyperthyroid vicious circle. But the whole course of the disorder constantly suggests an original or primary deficiency rather than a superabundance of vigor.

With this apparent failure in the inhibiting nerve supply, not only of the thyroid but seemingly of many other organs, as evidenced by the "pounding" tachycardia and gastro-intestinal activity, there should occur some alteration in the biochemistry of the thyroid epithelium and, consequently, in its product. It is not improbable that the secretion may be excessive in quantity but poor or deficient in quality because the hyperthyroid gland is well known to have an impaired capacity for retaining iodine, and this is associated with characteristic changes in the alveoli. At present, however, we can only say that the origin of the disease seems to depend upon a defect in the thyroid nerve supply and in a consequent interference with the proper nutrition and biochemistry of the epithelium in which iodine is an important factor. Certainly there is a good deal of evidence, both clinical and experimental (in the goitre of domestic animals) to prove that if the thyroid epithelium can obtain and retain sufficient iodine early enough, the whole pathological process comes to a stop. Therapeutically however, iodine must be administered with great caution in cases of hyperthyroidism or advanced thyroid disease, because of the danger of intensifying the disturbance.

If the condition, as seems probable, is the result of fatigue of the end plates of the involuntary nerves, and a consequent deficiency in the nutrition of the thyroid and probably other organs, then the treatment should be, not radical or destructive, but conservative and protective. The thyroid seems to be extremely important for normal growth and development, and therefore, especially in youth, should not be recklessly excised. But after the hyperthyroid vicious circle has once started, experience has abundantly proved that surgery yields the best results.

When the histological changes characteristic of the disease can be localized in some particular portion of the gland, the abnormal tissue undoubtedly should be excised. Circumscribed cysts or cystadenomata of the thyroid, when accompanied by the

symptoms of hyperthyroidism are usually surrounded by a narrow area of alveoli which show infolding of their epithelial lining, and this area is easily removed or destroyed by enucleation of the tumor, and the symptoms speedily disappear. But when the disease cannot be thus localized or when the diffuse enlargement and even consistency of the gland indicate involvement of the whole organ, especially if exophthalmos is present, then I advise the ligation not of two but of all four of the chief thyroid vessels. This is supposed to cut off the "auto-activation" and to enforce rest upon the fatigued (?) epithelium. By experience I have found that the "quadruple ligation" is followed by no "bad" results, as not infrequently happens after hemi-thyroidectomy, and that it is successful in about 90 per cent. of the cases. But it should be preceded and followed by adrenal feeding to activate the sympathetic if the vagus symptoms preponderate, or by thyroid feeding if the autonomic system seems weak.

Clinically, the dessicated commercial thyroid, as stated above, is much inferior to the coagulable proteins which can be isolated from a saline extract of the fresh pig or sheep glands, and the "residue" or non-coagulable part of this saline extract or an alcoholic extract will often act better than the coagulable portion, especially if there is present some elevation of blood pressure. Any of these materials can generally be given cautiously but with advantage in the presence of tachycardia if accompanied by other sympathetic symptoms. Again, if all thyroid "feeding," to be effective, must chiefly pass through the patient's own thyroid epithelium, there is here a suggestion in the variable clinical effects which these different preparation produce that the nearer the medicament approaches in chemical structure to that of the thyroid epithelium the better should be the therapeutic result.

Corresponding preparations from other endocrin glands have been tested and sometimes found useful when thyroid feeding failed. There need be borne in mind only that the pituitary and adrenals seem sympathicotropic. The others are apparently all vagotropic. Whenever there is doubt as to the desirability of thyroid feeding, there need be no fear of consequences if it is tried carefully in small dosage and stopped if it aggravates any symptoms.

The functional disorders of the stomach occur most commonly in individuals who have the same general characteristics as do

those who suffer from the corresponding thyroid disorders. Men have hyperchlorhydria and pylorospasm and gastric ulcer more commonly than women, who seem under similar circumstances more prone to develop hyperthyroidism. These persons are all of the "nervous" type and, consequently, "fatigable," and the fatigue in men seems more frequently to occur in the sympathetic or inhibitory nerve supply of the stomach than of the thyroid. Clinically, there is usually a prodromal stage of general asthenia and anorexia which can be interpreted as a "fatigue" of both the vagus or "activating" and of the sympathetic or inhibitory gastric nerves. Then, sooner or later, there follows, as in hyperthyroidism, signs of sympathetic or inhibitory failure which produces the next stage in the disorder or increased gastric secretion and pylorospasm. To complete the analogy, the stomach, like the thyroid, seems in a measure "auto-activated" because it has been proved that an acid decoction of the pyloric mucosa, when injected intravenously, increases the gastric secretion. That is, some portion of the gastric secretion in which hydrochloric acid seems as important as iodine in the thyroid product, returns in the circulation to its source and in conjunction with the presumable sympathetic failure, activates the vagus end plates and this causes a continuation of the hypersecretion and a vicious circle. This reabsorption of an acid gastric hormone seems the most reasonable explanation for the relief of the pain or pylorospasm which is brought about surgically by either a Finney or gastro-jejunostomy operation. The consequent influx into the stomach of the alkaline pancreatic product neutralizes the hydrochloric acid and so prevents or decreases the formation of the auto-activating material. At the same time, confinement to bed enforces rest upon the fatigued sympathetic, and it is not improbable that the anæsthetic contributes to the result through some partial paralysis of the vagus. The usual medical treatment with alkalies or belladonna or dietetics are all directed at the hydrochloric acid and the involuntary nervous system and all require for success, the greatest possible amount of rest. For these cases I have found that one or another kind of adrenal feeding is almost as specific as thyroid feeding for myxoedema. The usual 1:1000 solution of adrenalin is not nearly as efficacious as the dessicated entire gland, but still better are the adrenal proteins obtained (as in the case of the thyroid) from a saline extract of the fresh beef

glands. These coagulable adrenal proteins contain only traces of epinephrin but, clinically, generally seem more valuable than the "residue," or non-coagulable portion of the extract. The latter is very rich in epinephrin and, experimentally, in dogs when administered subcutaneously, it produces most vigorous gastric inhibition. Nevertheless, when given by mouth to patients with pylorospasm as often as pain occurs $\frac{1}{4}$ to 1 grain of the adrenal proteins (which contain only an inappreciable amount of epinephrin) will be found very useful.

In the opposite condition, or when the symptoms indicate a failure on the part of the activating or vagus nerve, one of the most helpful treatments is feeding thyroid and, as in the case of the adrenal, the commercial dried gland seems not as efficacious as the coagulable thyroid proteins from a saline extract of fresh pig glands.

The residue of their extract is both clinically and experimentally much more active than any other thyroid product, but it requires some care and trouble to make, and being a liquid organic material easily decomposes, and so is not as practicable as a dried or tablet medicament.

If these observations upon the significance of the symptomatology which is referable to the involuntary nervous system can be confirmed and extended, especially if there can be isolated the true active principles of the endocrine glands, there will then be established an entirely reasonable basis for organ therapy.

THE DUTY OF THE FAMILY PHYSICIAN TO THE PATIENT SUFFERING FROM HEADACHE AND EYE STRAIN.*

BY LINN EMERSON, M.D., F.A.C.S.

Orange, N. J.

No doubt some of my oculist friends in this audience are commiserating me for my perseverance and enthusiasm on the subject of the fitting of glasses. If I harp on this subject in season and out of season, it is because I believe it is missionary work that must be followed up without ceasing.

The lack of political and social progress in this country, is largely due to the ignorance, and lack of interest of the individual. There are political as well as medical quacks, and few can tell the true from the

false, so, many sincere and earnest reformers are rated as self-seeking egotists.

Every political, social, or medical reform, is met by opposition from certain vested or injured interests, but it is not this opposition that defeats the project, as such opposition can be readily met and answered. It is the vehement activity of the sincere, honest, but misinformed individual who thinks there is "a nigger in the woodpile" somewhere, and the indolent laissez faire attitude of the larger majority. No wonder many enthusiasts become lukewarm and finally quit in anger and disgust.

When some important piece of medical legislation is in committee, we are often told by our legislators, that we doctors cannot agree among ourselves as to what we wish. Unfortunately, this is true, and as a result we get a poor law or none at all. You general practitioners may say to me with equal pertinence: "You oculists do not agree on the subject of eye strain." I can only reply that many doctors are opposed to a National Bureau of Health, but the number grows fewer each day, and that the establishment of such a Bureau of Health is a foregone conclusion, and will probably be realized before the end of the present war.

When I entered upon the study of medicine, the oculists who believed in the eye strain theory of disease, could almost be counted on my two hands, while to-day, at least nine-tenths of the men practicing ophthalmology are keenly alive to the importance of correct refraction work. With most of the oculists at last in the fold, we have a right to expect the general practitioner to begin getting aboard the band wagon. But he will not get aboard unless we urge him, and that is what I am here for to-day.

I must confess that it is not surprising that the general practitioner is not alive to the importance of eye strain. Pepper's American Text Book of Practice of Medicine, published twenty-five years ago, in a six-page article on headache, says at the conclusion of the article on Migraine: "Peripheral irritations, such as eye strain may greatly aggravate the disorder." Osler's more recent work says in volume VII., "Gould and Brav, call attention to eye strain as a cause of vomiting." Can you beat it! Seven thousand pages on Practice of Medicine, and not a single word on eye strain as a cause of headache (the most frequent malady from which we suffer), when every oculist in the land knows at

*Read at the 152nd Annual Meeting of the Medical Society of New Jersey at Spring Lake, N. J., June 25, 1918.

least 50% of the headaches of civilized humanity are due to eye strain. (Gould says 90%).

Strange as it may seem, it was not an oculist who first discovered the tremendous importance of eye strain in the causation of disease, but a neurologist well known, and dear to the hearts of many of us, Dr. S. Weir Mitchell. Paradoxically, it is to-day the neurologist who is the most persistent ignorer of the role played by eye strain in the causation of functional nervous and mental disease. In Am. Jour. Med. Sci., Apr., 1876, Mitchell says: "My consultations have plainly enough taught me that hardly any men in the general profession are fully alive to the need of interrogating the eye for some of the answers to the hard questions which are put to us by certain head symptoms, since many of the patients treated successfully by the correction of optical defects, never so much as suspected that their eyes were imperfect. What I desire, therefore, to make clear to the profession at large is:

1. That there are many headaches which are due indirectly to disorders of the refractive or accommodative apparatus of the eye;
2. that in these instances the brain symptom is often the most prominent and sometimes the sole prominent symptom of the eye troubles, so that, while there may be no pain or sense of fatigue in the eye, the strain with which it is used may be interpreted solely by occipital or frontal headache;
3. that the long continuance of eye troubles may be the unsuspected source of insomnia, vertigo, nausea, and general failure of health;
4. that in many cases the eye trouble becomes suddenly mischievous owing to some failure of the general health, or to increased sensitiveness of brain from moral or mental causes."

Mitchell succeeded in interesting Thomson, Norris, Harlan, Hay, Morton, Risley and others, and from Philadelphia the knowledge has spread over the whole country and is now making rapid strides in England and even on the continent of Europe. To Dr. George M. Gould the spread of this knowledge is largely due, and his papers, magazine articles, and series of Biographic Clinics, have made him many sincere friends and admirers, as well as some bitter enemies, for whose pet corns he has shown too little consideration. I do not wish to be considered as subscribing to all Dr. Gould has written on this subject, as I think he has over-stated his case as all enthusiasts are bound to do; but as the good book says:

"He who is not for me is against me," I wish to be set down as "for him."

In the article entitled "The Reception of Medical Discoveries," Gould calls attention to the treatment accorded Hunter, Jenner, Darwin, Mendel, McDowell, J. Marion Sims, Pasteur, Lister and others. The field of medicine is not alone in instances of the ill treatment of one who is not in strict accord with his fellows: for instance, Galileo, Socrates, and our Lord and Saviour, Jesus Christ.

I have no wish to imply that all the men practicing general medicine ignore the question of eye-strain. Many of you are as keen to have an ocular examination as to have a urinalysis or a Wassermann. But there are thousands of men who cannot see beyond their nose, who continue to give their patients drugs for the relief of symptoms, when all in the world the patient needs is a *properly* fitted pair of glasses. Please note the emphasis I place on *properly* fitted glasses. Of the people about us to-day who need glasses, I think I am very liberal in my estimate when I say that not more than ten per cent. of them are *properly* fitted.

If I were to assert that no one should be permitted to fit glasses but an oculist, a storm of protest would arise from all optometrists, opticians, and vendors of spectacles, in the land, and no doubt some of you here would support them. Still such an assertion is no more axiomatic, than that no one should be permitted to treat disease, except a doctor. While you will all support me in such latter statement, we have not succeeded in reconciling the public in this view, and as a result we have the Osteopath, the Chiropractic, The Christian Science, Magnetic, Faith and Fake Healers, and fifty-seven other varieties of 'pathies and 'isms.

That a large number of persons past fifty can go to an optician, or even the five and ten cent store, for glasses without injury to themselves is not to be denied, but the same may be said about self-drugging, domestic medication, or consulting the quack and irregular. In most instances the injury, if any, is negative; but occasionally the damage is permanent and incalculable. Each year I see plenty of cases of glaucoma, detachment of the retina, cataract, and angio-pathic neuroretinitis, in which suffering and sometimes life itself could have been spared had the patient consulted an oculist instead of an optician. The patient's, "Oh! had I only known," is often a reproach to the family physician.

A generation ago glasses were seldom used but to improve vision, and their presence was an indication of age, hence the prejudice against their use by the fair sex. This prejudice is now quite rapidly disappearing among our women of intelligence. The intelligent middle class are the best glassed women, while the unintelligent wealthy social drones, who fear for their looks, and the ignorant women of the laboring classes, avoid glasses as they would a pestilence.

These poor housewives whose occupations necessitate the use of their eyes for near work, many hours of the day, and long into the night when their children are in bed, often suffer most severely from headache and other forms of eye-strain. To their husbands who have an equal amount of refractive error, but who use their accommodation but for a short half-hour in reading the newspaper after supper, the suggestion that glasses are required seems like the most arrant nonsense. It is only when presbyopia entirely abolishes clear near vision, that glasses are finally sought. Every year I see dozens of these women, and when told that their symptoms point to the probable need of glasses, they go home to think it over and talk it over, but do not return.

A large number of people suffering from eye-strain come to the oculist under protest, and are firmly of the opinion that their headaches are due to a disordered stomach. They are very ready to assure that it cannot possibly be their eyes, since they see perfectly. As a matter of fact the individual who sees poorly, seldom suffers from eye-strain. Paradoxical as it may seem, it is when the refractive error is moderate or low that asthenopia occurs.

The mechanism of the accommodative apparatus is such that in the young one diopter of astigmatism, and three or four diopters of hyperopia can be overcome by the ciliary muscle. In the normal eyed the accommodation is an intermittent function, as is digestion. If the curvature of the eye compels it to become a permanent one, there ensues: first, ciliary muscular hypertrophy, then rebellion.

Time does not permit me to elaborately discuss the physiology of accommodation, convergence and retinal perception, but next to the psychic action of our brain cells, the act of binocular single vision is the most difficult and marvelous faculty we possess. Every doctor knows how slight a maladjustment will cause his motor car to balk or

stall. Equally slight disorders of the visual apparatus may cause nervousness, dejection, insomnia, headache, migraine, brain fog, dyspepsia, billousness, vomiting and even epileptoid convulsions. Mind you, I have no desire to attribute all cases of the above named conditions to eye-strain, but every general practitioner should be alive to the possibility of eye strain, as an exciting or contributing cause of such maladies.

Every normal eyed person has need of glasses for near work after the age of forty-five. This need is due to the progressive hardening of the crystalline lens. If hyperopia, or hyperopic astigmatism be present, this need may be felt several years earlier. In my opinion, at least one-half the head symptoms attributed to the menopause, are due to presbyopia or old sight. No woman is willing to confess that she is growing old and if her attending physician is wise enough to suggest glasses, he is often purposely mislead by the patient. Many a husband does not know his wife's age, and I have had many record cards with a plus or a ? after the patient's age. It is a wise woman indeed who can fool her oculist as to her correct age.

Few medical men are awake to the necessity of glasses in patients convalescent from acute disease, and surgical operations. With weakened general musculature, how can the ciliary muscle be vigorous? Yet as soon as they are able to sit up, these patients are allowed to read, sew, knit and crochet, under the mistaken idea that no muscular effort is engendered by such occupations. If error of refraction or premature presbyopia be present, many discomforting symptoms may arise, and convalescence be much protracted.

The principal reason why only oculists should be allowed to fit glasses, is that under the age of thirty-five, accurate fitting can be done only by the use of "drops." Ten or fifteen years ago such a statement always brought forth a brisk controversy, but the controversial stage of the question of "drops" is past. Three years ago Dr. Emory Hill, of Chicago, sent a questionnaire to 130 ophthalmologists engaged in teaching in Class A Medical Schools, or various post-graduate institutions of the United States. The replies indicated that more than 90 per cent. of these men were advocates of the use of drops. It would thus seem that the former irreconcilable opponents of the use of drops, are either becoming converted or else dying off.

The opticians will all tell you drops are

unnecessary or injurious, and the few oculists who are left to agree with them are doing the profession and the public incalculable harm. It is not worth our while to justify the use of drops. There are still people who insist that the world is flat, but who thinks of arguing the matter with them. The former complaint that drops caused much loss of time from business is no longer valid since the proper use of homatropin and cocain on Saturday afternoon or Sunday morning followed by eserine, enables the patient to follow his usual occupation on Monday.

I must therefore urge on the general practitioner, not only that he must tell his patients where to go for glasses, but he must also tell them where *not* to go. If eye-strain is suspected, and the patient says he has glasses, do not be satisfied. Ascertain who fitted them. If the patient is young, and no drops were used, he was in all probability improperly fitted. Send him to an oculist who will examine him properly.

Gould has given sixty-eight reasons why glasses did not give relief, but there are twice or thrice sixty-eight. As all medical men are not of equal skill, some excelling in the treatment of certain conditions, so all oculists are not skillful refractionists. The glasses may be incorrect even when fitted by an oculist of reputation and ability.

If a patient consults you for some disorder, and tells you that your confrere and friend, Dr. A., has given her medicine, do you dismiss her, telling her that since Dr. A. is your friend and his skill above question, that the medicine must have been correct, and that you can do no better for her? I have had hundreds of patients whose prior fittings gave no relief, and I have no doubt, many of my dissatisfied patients have been relieved elsewhere.

When patients with asthenopic symptoms tell me they think their glasses must be correct, as they have been fitted at a comparatively recent date, I insist on careful re-examination, assuring them that I shall not change the glasses unless I find it necessary.

Do not think when your patient has been to the oculist and been given a prescription, that further co-operation is unnecessary? Failure may arise from circumstances entirely beyond the oculist's control. Every pair of glasses should be submitted to him for inspection, within a week from their time of purchase. Many patients purposely fail to do this since they do not purchase the style of glasses ordered, and know they will be lectured.

My early years of ophthalmic practice were spent in the country, where I was obliged to measure for, and supply glasses. This experience was invaluable and I am rather proud of the fact that opticians consider me somewhat over-particular as to the fit and adjustment of frames.

The strongest argument against the oculist taking a commission from an optician, is that after accepting such a commission, he does not feel free to "fire" the glasses back to the optician and insist that they be made *absolutely* correct. I have had many patients complain bitterly of their former oculist's fitting, when the fault was their own failure to permit him to see their mal-adjusted frames. I venture to say that of my hearers, who are wearing glasses, not more than one-half are wearing frames that are properly fitted and adjusted.

What orthopedic surgeon would be satisfied to take a cast of his patient's feet, and then permit the wearing of the shoes ordered, without first seeing them?

The bane of the oculist is eye glasses or pincers. Certain patients who have need of glasses for near work only, or those having simple farsightedness or nearsightedness, may wear them with comfort and satisfaction, but if cylinders, prisms, or bifocals are ordered, spectacles are advised. Failure to get spectacles is often responsible for failure to afford relief from the troublesome symptoms. The arguments of patients against the use of spectacles are specious and most ingenious. You are all familiar with the patients who do not like calomel, salts, or castor oil, preferring fig syrup and milk of magnesia. Needless to say our results are better when patients co-operate.

Many of the former objectors to spectacles are now wearing large conspicuous, unsightly, composition frames, because they are affected by the ultra-fashionable and wealthy. For automobile and street wear, they may serve very well, but if used for bifocals, they are too widely centered, and prevent comfortable near work. Medium sized, heavy weight, 10 kt. or 14 kt. gold spectacle frames are always best for constant wear.

Glasses may become bent, the maladjustment causing a return of the troublesome symptoms, so all patients must be told to go to the optician for occasional adjustment. If contrary to advice they persist in wearing eye glasses, they must be instructed to inspect their adjustment in a mirror daily and go to the optician at frequent intervals.

Lenses sometimes get turned in the frame,

fall out and are put back upside down by some carpenter or good Samaritan; broken frames are sent to the jeweler for repair and during the process the lenses get exchanged from right to left, or worse still, lenses belonging to some one else are inserted. After being repaired, the glasses complete may be given to the wrong customer, and careless people frequently exchange glasses with other members of their family or visiting friends.

On an average patients should be refitted every two years, but most of them go longer. Generally when they come in and tell the office nurse it has been two or three years, she finds it has been from four to six years. Patients who have had several fittings over a period of years may break a lens, and through mistake get one inserted from an older prescription, thus wearing for one eye, a glass fitted at the age of forty-eight, and for the other, one fitted for five years later; or both may be replaced from an older prescription. Such mistakes seem inexcusable, but nevertheless frequently occur. The oculist may write the prescription incorrectly or the optician may fill it incorrectly.

Most people are uncomfortable when they first put on proper glasses. In the hyperopic and astigmatic eye, the hypertrophied ciliary muscle refuses to relax; the distant vision is then blurred, and if the axes of the astigmatism are not symmetrical, some distortion of images is usually present. Even nausea and dizziness may occur. The glasses sometimes "draw the eyes." To induce a patient of fifty, who has never worn distant glasses, to wear bifocals, may require the patience and tact of a foreign diplomat. Still, this is to be expected. It is hard to teach an old dog new tricks. Lo! the poor Indian was very unhappy with his first trousers, and no doubt a celluloid collar and derby hat would have driven him distracted. The occasional wearer of glasses is seldom comfortable with them. The constant wearer soon overcomes all discomfort.

The patient who comes back and reports discomfort, and insists that she wears her glasses all the time and can not get used to them, but who is always without them when you meet her out socially or in the street, is a problem I have never been able to solve; as she honestly thinks she is telling the truth, I have found it unwise to try to convince her to the contrary.

In conclusion let me urge you general practitioners to pay more attention to your

patients suffering from headache and eye-strain. If the symptoms point in that direction, do not give the casual advice to have the eyes examined, or be satisfied because the patient has glasses. Ascertain when, and by whom the glasses were fitted. If you have no oculist of choice, name two or three good ones. Tell them where *not* to go and *why*. The refracting optician and optometrist is the same kind of a man as the osteopath, chiropractic and mental healer, all of whom boast their cures. Do not be satisfied until you are sure the patient has been properly examined, properly fitted, had the glasses checked up by the oculist, and most important of all, worn the glasses every minute except when in bed.

DISCUSSION.

Dr. Arthur W. Bingham, East Orange: I am sure we will all agree with Dr. Emerson, that a great many of our patients are suffering from conditions either due to or aggravated by eye strain. The difficulty is in determining to what degree the eye strain enters into it if at all. After careful examination of the patient to exclude all other causes we turn to the oculist for help. In Dr. Emerson's early days in Orange I sent him a patient suffering from habitual headache. He examined her eyes and reported that they were normal and that she did not require glasses. It was a surprise as well as a satisfaction to me to feel that every patient who went to the oculist did not come away with a prescription for a pair of glasses.

More often the patient gets glasses and is either greatly relieved or only temporarily, or not at all. It is the latter class which is causing trouble for the oculist and so much dissatisfaction to the family physician and patient. Dr. Emerson states that many times the patient is not properly examined for glasses and when that is done the glasses are not often properly fitted and adjusted. How are these errors to be corrected? The patient finds it a great inconvenience as well as an expensive procedure to visit different oculists in order to get the right correction, for each one gives him a different pair of glasses. Finally he does not know which is right and the family physician cannot help him out. I believe the patient's physical condition at the time of the examination has a great deal to do with this difficulty. If he is tired or nervous or has indigestion, he will take one degree of correction and when he is rested this will not suit him. I believe the fault is not all with the general practitioner for he may have tried it out a number of times and failing to get results has become discouraged. The routine examination of the eyes of our school children has been of great assistance in correcting errors of refraction, of which patients in many cases were unaware. Children formerly considered dull and uninteresting have become bright and studious. These patients are more easily treated than adults and the results are so uniformly good that few will question the advisability of the procedure.

Dr. D. E. English, Summit: I just want to ask a question. Why is it that a person properly fitted with glasses, if he has a high degree of astigmatism, sees better without glasses than with them?

Dr. Walter B. Johnson, Paterson: Of course, this is a hackneyed subject. We have been over it many times and in different places and mainly with the same result, namely, that there are eye strains that cause various conditions which are relieved by referring the case to the optician in some cases and in other cases without any relief, regardless of treatment with all sorts of analgesics. Many physicians do not seem to know the difference between an optician and an oculist. It is a surprise how many physicians send patients to an optician. There is not an optician or an optometrist who knows enough or gives enough time to the work to fit glasses properly and they do not know enough even to fit faces. They are so anxious to fit with this or that style of glasses that they seem to forget all about the necessity for a proper face fit. Dr. Emerson brought up the question of the big glasses. Whether a patient shall have big or little glasses, that is a matter the patient can have his choice about, but the man who fits the glasses should see to it that the nose piece fits and that the center of the lens comes at the proper places. This should be the work of the optometrist or optician—his business is fitting glasses and this is so much trouble that we do not want to do it. Dr. Emerson says he used to do it and there are some who still do it. Now when it comes to a first class refractionist, I suppose it is just like other specialties, some are much better than others. I do not know whether he is better than I am or some one in New York or Newark is better than we are, but if we neglect the proper use of mydriatics we are pretty sure to have refractive errors and if we have a refractive error it is possible the patient will not be able to wear the glasses. Then if we insist on his wearing the glasses he is going to go somewhere else. And so I think it is often better to fit with glasses that do not fully correct until the patient gets the eye into condition to have full correction. The glasses that he can wear at first may not be those that he will ultimately wear and that will give him full correction. The medical profession should tie up to the oculist and not to the optometrist. We are not against the optometrist, but we object to his fitting glasses without the use of mydriatics, which he is forbidden to use by law, and we object because it results in great harm to the patients. It makes no difference to me if all the patients that come in are refraction cases, so I do not speak from the personal standpoint, but from the standpoint of the relief of the patient, because we want to make him comfortable and nothing relieves him like properly fitted glasses.

This is a broad subject and what I want to do is to impress upon you gentlemen that you must come to realize that the patient must have glasses properly adjusted, properly prescribed and properly used, and if you keep that in mind you will relieve him of a great deal of trouble, which he otherwise would have suffered.

Dr. Thomas S. Dedrick, Washington, N. J.: Several have said that we do not want the jeweler and the optician refracting the people. I am not sure that is true. I cannot grasp the idea that the medical profession has ever made a determined effort to prevent the optician and the jeweler from doing refraction work. Now more than any other time we should make a distinction between the oculist and the optician and optometrist. I do eye work in a small village and now the government wants to know why I do not put my name down for the Medical Reserve Corps. Dr. Gorgas tells us that the casualties have not been more than twenty among the officers in all branches of the service, except the Medical Corps, which has reported eighty casualties already. Twenty doctors have been killed outright in battle and if this keeps up many more doctors will be needed. Now if the government needs oculists and the State Legislatures license optometrists, why do they not ask the optometrists to help them? They do not ask the optometrists to help them, they ask the doctors. But if they do not make the legislature correct this matter at least the medical men should patronize the oculist in sending out his work. I can relate an instance where a jeweler gave eight pairs of glasses to correct a congenital cataract and other instances where attempts have been made to do something for patients with retinitis due to Bright's disease. What can the optometrist or the jeweler do with cases like that. I might go over innumerable cases of that kind. You cannot put glasses on a patient with the style of lens I am wearing because the style of glasses counts a great deal with many people. I had one lady come to me who wanted me to change her glasses because she said she had heard that large glasses were the style. It is possible to prescribe large glasses if they are adjusted so that the true center of the lens corresponds to the true center of the eye. As to the jeweler trying to fit faces—they fall down worse when they try to fit faces than they do in refraction work. They have a lot of frames in stock and they make those do and will get no more until those are used up. I do the fitting of glasses because there is no one in our section who does the work. I would like to see the medical profession wake up to one point and that is that the practitioner should patronize the oculist instead of the jeweler. I know of people paying the jeweler from \$20 to \$25 for glasses. It is certainly time for the medical profession to wake up and see that the oculist gets the refraction work.

Dr. Ellis W. Hedges, Plainfield: I am not an oculist and I know very little about the eye. I wish to speak with reference to the reflexes from eye strain. I have had three cases in which epilepsy was due to eye strain. One case was a young man, a mechanic, who had epilepsy for two years and it was increasing in violence. He was sent to one or two specialists. He had something like fifteen convulsions a day and he had spasms of the rectum and bladder and involuntary discharges from the bladder and rectum. He was sent to a specialist on the eye and had glasses adjusted and has remained well ever since. He is in Plainfield. The second case was that of a married woman who for

five years had been having trouble; she had had several operations on her pelvis performed by a good surgeon, but still her epileptic attacks continued. She was sent to an oculist and had her eyes examined and treated, and after she got properly fitted glasses the epilepsy stopped. This woman had been drugged to the point of stupefaction for years and after her eyes were properly treated she was entirely relieved of her troubles. The third case was that of a young student preparing for college. He had three or four convulsions and was sent to an oculist. After he was properly fitted with glasses he had no more convulsions. He is now over in France and has not had an attack since he had his eyes properly fitted with glasses. It is only proper to say that there are some cases, rather unusual cases, in which eye strain has been the cause of severe epileptic convulsions.

Dr. Lawrence E. Coen, Passaic: I always advise a patient to go to an oculist and not to an optometrist. I wish to ask a question. I want to know why, so long as the optician gets his fee anywhere when he fits glasses, the medical profession and the oculist do not come to some agreement whereby the oculist shall make the examination and the optician shall fit the glasses as prescribed by the oculist and get his usual fee, for I believe the opticians claim that they make no charge for the examination?

Dr. Emerson, in closing: Dr. English has asked why patients fitted with glasses often do not see as well with the glasses as without them. That is only in hyperopic astigmatism where the patient is wearing an overcorrected glass. It sometimes happens that if you give glasses that give full vision they do not relieve the patient's trouble. Sometimes we have to give glasses that blur slightly. I have sometimes had patients come back and say that the glasses were causing trouble by blurring and when they were made weaker they failed to relieve the patient of his asthenopic condition, which had been relieved by the stronger glasses. Dr. Johnson spoke about drops and gave the idea that where drops were used the patient would not take glasses that fitted him. That is one argument made by the men opposed to the use of drops. It has been pretty well settled that we get full correction under the use of mydriatics and cycloplegics. The individual with a high degree of astigmatism, say $\frac{1}{2}$ to 4 diopters will take from 100 per cent. down to 40 or 50 per cent. of full correction. There are no two alike and this is where the personal equation comes in. The fitting of glasses is not to be done by rule of thumb and we use a cycloplegic so we know absolutely what the degree of refractive error is and we have that to go by when the patient comes for a final fitting. We must take into consideration age, sex, occupation, disposition, whether the patient wants to wear glasses or not, and the man who takes all these things into consideration is the one who is going to be successful. Many times the patient refuses to take anywhere near the proper correction and if you know the man, know the family and know that he will do as you say you can give him glasses that blur and you can assure him that the blur will go away and you

will know that he will wear the glasses. This will save both trouble and expense, but if you do not know your patient and try to give him glasses that blur you are going to come to grief; he will come back once or twice and finally go elsewhere, and that is what is the matter with some who overcorrect after using a cycloplegic. You must take all these things into consideration. Dr. Johnson has spoken of some oculists being better than others; some oculists are lot poorer than others and all oculists are not good refractionists. Dr. Johnson confesses that he does not like refraction work. It often happens that as a man becomes interested in pathological work he comes to hate refraction work. A man's ability in refraction is as a rule in inverse proportion to his age and eminence in the profession.

ACIDOSIS IN INFANTS.*

By JULIUS LEVY, M. D.,

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It is always interesting and instructive to follow the historical development of medical interest in special subjects and to find that many theories and practices heralded as very recent and novel are but the revival of studies of several generations ago.

In 1850 Boussingault reported that diabetic urines contained large amounts of ammonia. In 1883 the discovery of diacetic acid in diabetic urines was made and immediately associated with conditions of intoxication that suggested the use of alkali therapy. In 1877 Walter had demonstrated the injurious effects of acids capable of combining with the basic groups in the blood tissues. It was found that protein and fat can lead to the formation of acetone bodies, the fatty acids constituting the chief source of this substance.

It had also been found that soda bicarbonate was not always successful in the treatment of these conditions; that sometimes salt mixtures, containing sodium, calcium and magnesia acted better. Acetone has been found in the normal urine of adults and is associated with diabetes, pregnancy, eclampsia, acute yellow atrophy, anesthesia, digestive disturbances, fever, nervous disorders and malignant diseases.

In pediatric literature attention has been directed to two forms of acidosis, one described as a severe and often terminal condition in severe diarrhoea, the other as an accompaniment of practically all diseases with high or protracted temperature. As early as 1889, Schrack spoke of the fre-

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quency of acetonuria in the digestive disturbances of the young.

The symptoms associated with acidosis, that have been described as part of the severe, and often fatal, diarrhoea in infants, are hyperpnea, great restlessness, often going on to stupor, marked irregular temperature, ashen gray color of the skin without cyanosis, and great reduction in the urinary output.

For several years I have been watching a group of cases that present some symptoms in common with this syndrome, but are sufficiently distinctive in several particulars to require separate consideration and classification.

The clinical picture is that of a child, usually between one and two years of age, that has been well kept and carefully fed, suddenly vomiting several times in the same day. It has been free from previous gastrointestinal disturbances, with the exception, perhaps, of a similar severe vomiting attack several months before; the temperature is normal, or but slightly elevated, the child is very pale, very quiet, apathetic and rather somnolent; there is no diarrhoea; indeed, the child has been rather constipated though the stool is large in amount; it is usually light colored and very foul and, on closer inquiry, we often learn that the stool was cream colored and greasy; there is often a sudden diminution of urine; from the severe vomiting, which recurs at frequent intervals and seems to bear no relation to feeding, severe prostration sets in and these cases have in several instances been mistaken for meningitis, especially during an epidemic, or for appendicitis if an active surgeon happens to be called in on the case. After two or three days the vomiting usually ceases, the child brightens up, has two or three large yellow watery stools, passes more urine and very quickly appears in its normal condition. In a few cases the vomiting occurs several times a day with slight remissions for weeks or months and the child may die from atrophy or acidosis.

The urine shows large amounts of acetone and diacetic acid at the onset of the vomiting attack. I wish to emphasize this point to make clear that it is not a result of starvation. On the second or third day, small amounts of albumin and a few hyalin casts will frequently be noted in addition to the acetone and diacetic acid, and in severe cases granular casts and a few blood cells have been noticed. These evidences of kidney irritation vanish as quickly as they ap-

pear as soon as the acetone and diacetic acid disappear. The correlation between the urinary findings and the vomiting and somnolence has been so constant that I have been able accurately to prophesy the absence of acetone as soon as the child seemed brighter, or, on the other hand, to expect the child to be somnolent and the vomiting to recur as soon as acetone or diacetic acid is again reported in the urine.

This constant relationship has suggested that this group of cases is a true instance of acidosis, the result of overfeeding usually brought on by excessive or disproportionate amounts of fat in the diet, with a relative increase in abnormal acids and a diminution in the alkali bases of the blood. The children usually have been the first born to whom the mothers are devoting themselves and constantly trying to "fatten up," with the result that in their desire to be good to them they feed every two hours, use creamed sauces, butter and rich milk whenever possible.

In not a few instances these cases have occurred in the practice of certain physicians, frequently pediatricians, who like to order a large and generous diet to infants from six months of age on, in imitation of some foreign schools, or to satisfy the mother's notion that a child needs more and more and more food.

It is important to recognize these cases so that they are not mistaken for nephritis, appendicitis or meningitis, and that the dietetic errors may be corrected. I suppose acute indigestion is the most common diagnosis made and the treatment is usually by calomel and starvation. My experience has indicated that this is not the best course to follow. The best results have been obtained by giving daily a high irrigation of one pint of water with one dram of bicarbonate of soda, and in addition supplying one dram of bicarbonate of soda mixed in the food which has consisted of skimmed milk, malt soup and cereals with a gradual return to a rational diet. The child's diet usually needs reconstruction with special attention paid to the caloric requirements and the fat tolerance.

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DISCUSSION.

Dr. Theodore Teimer, Newark: While morphologic mechanical conceptions of physiological pathological processes have dominated medical thought for a long period of time, the application of chemistry to the same problems has within our own time yielded remarkable results. It has not only thrown light on many difficult problems, but it promises to change some of the fundamental ideas in medical science. Many chemical processes going on in the living organism are recognized to be largely of the character of combustion. While maintenance of life necessarily requires synthetic processes, both for assimilation of food material and for many specific needs of the body, katabolic processes are essentially oxidative, even if introduced by a hydrolytic, fermentative or bacterial splitting process. It is for this reason that the amount of oxygen absorbed and the amount of carbon dioxide liberated in respiration, furnishes us with a measure of the extent of oxidative processes and thereby with a quantitative insight into the metabolism of the body.

Oxidation is intimately associated with the formation of acid substances, which appear either as volatile end products, as carbonic acid, in the expired air as intermediary products, as metabolism. The latter cannot remain unchanged in the alkaline media of the organism, as an acid condition of the blood and tissues carried beyond certain very narrow limits is incompatible with life. These acids substances are therefore neutralized by alkalies, and these alkalies are partly derived from the alkalies introduced in the food, partly from the fixed bases of the body. The fixed bases of the body are only utilized after the supply of alkali introduced in the food is exhausted or if it is not available. The fixed bases of the body themselves are only available to a limited degree. The maintenance of an ample alkaline reserve is of such importance that under physiologic conditions it is only lightly drawn upon, only to be replaced at the first opportunity. It is then that the third neutralizing agent, the ammonia, is sent forth to fill the gap. Even under physiological conditions the amount of ammonia excreted by man equals about 3 to 5 per cent. of the total nitrogen excreted. Whenever ammonia appears in the urine in greater amount, pathologic conditions prevail. It is quite evident that this intricate mechanism of acid production and neutralization depending on a multiplicity of factors, is apt to be disturbed, giving rise to pathologic conditions.

Depending largely upon the viewpoint of the investigator, various conditions have been described as "acidosis," so that the meaning of the term in medical literature has become somewhat hazy. As suggested by Martin Fischer the term should be used in the original sense as "intoxication with acid," as the mere presence of abnormal acids does not yet mean

an acid intoxication, but an altered chemistry, from which an intoxication may result. Alteration of the chemistry of acid formation and acid elimination may evidently result from metabolic disturbances associated with an interference with the normal production of carbonic acid—such is the case in patients with heart disease with failing compensation, in which an inadequate supply of oxygen is furnished to the tissues. In these cases an increased amount of acid is not only proved by the direct finding of more acid in the blood, but also by an analysis of the urine. The same sort of intoxication exists in cases in which the tissue cells, with maintenance of a normal circulation and plenty oxygen reaching the tissues, are damaged by a poison of some sort, so that they cannot use the oxygen after it has reached them. The results, depending on the nature of the intoxication and its persistence, may constitute an evanescent or a death-dealing affection. Such cases are represented by the acid intoxications subsequent upon narcosis by ether, chloroform, morphin and other protoplasmic poisons. The toxemia of pregnancy also seems to belong into this group.

Another form of acid intoxication is intimately associated with infectious processes occurring anywhere in the body and assuming degrees depending largely upon the intensity of the infection, the nature of the micro-organism and the duration of the disease process. While the localization of the disease process frequently dominates the whole clinical picture, the acid intoxication usually exerts a generalized effect and is frequently underestimated in its importance. Another large group of acid intoxication, of more profound degree than the preceding subtle forms, are those depending upon disturbances of metabolism in the narrower sense, disturbances in which the utilization of the food materials necessary for the maintenance of health, has become defective through more or less profound changes in the agencies governing these metabolic processes. The classical example of such a metabolic disturbance is furnished by diabetes mellitus, in which a more or less limited carbohydrate tolerance leads to an increased splitting of fats. The enormous amounts of fatty acids, diacetic acid and beta-oxybutyric acid, thrown into the circulation can frequently not be neutralized by the alkalies ingested with the food, and, neutralization by the fixed bases also proving deficient, neutralization by ammonia is the final resource. The flooding of the body with fatty acids and, in chronic cases, the draining of the fixed alkalies from the organism, a certain amount of which is necessary for life, cannot continue without disastrous consequences, profound acid intoxication eventually resulting. Not only in diabetes, but also in all other forms of carbohydrate starvation, acetone, diacetic acid and oxybutyric acid are excreted in the urine in large amounts. Other organic acids appearing in the urine in abnormal quantities are lactic acid in diseases of the liver, the daily excretion amounting to 10 to 20 grammes. Oxalic acid, uric acid and aromatic acids are excreted under pathologic conditions in much smaller amounts.

The pathologic conditions responsible for an increased production of organic acids which cannot be neutralized by the fixed alkalies of

the body, but depend upon ammonia neutralization, have been grouped by Naunyn under the name of "Acidosis." Other pathologic conditions exist, however, which also show an increased ammonia output, without showing an increase in the acid substances. These are conditions in which ammonia has been drawn upon as a neutralizing agent because the fixed alkalies, the first reserve, so to speak, have become depleted to the danger point. These pathologic conditions have been termed by Steinitz "relative acidosis," in contradistinction to the true acidosis characterized by an actual increase in the amount of organic acids in the urine. This form of relative acidosis is of special interest to the pediatrician as it frequently occurs in infants who have been overfed with fats. The feces of such infants contain more alkali than has been supplied in the food and which, therefore, must have been derived from the fixed bases of the body. If fat overfeeding be continued for a long time a peculiar symptom complex may become established which depends upon alkali withdrawal. The possibility, however, exists that some of the symptoms presented by such infants are dependent upon a superimposed true acid intoxication due to disturbed metabolism. Older children ranging in ages from two to eight years actually show clinical symptom complexes which have been interpreted as being due to a true acidosis, like the "cyclic vomiting." It must be admitted, however, that good observers consider cyclic vomiting as a form of hysteria in children and the appearance of acetonuria in such cases as only secondary to the profound disturbances of nutrition.

The clinical observations of Dr. Levy are of great interest. They seem to establish the fact that the cases of cyclic vomiting, as were observed by him, were dependent upon fat overfeeding and, therefore, a combination of both types of acidosis.

I have refrained in the discussion of acid intoxication from going into a detailed discussion of clinical symptoms associated with acid intoxication. These clinical symptoms are of paramount importance for a true understanding of many pathological states, of which I only mention oedema, the dependence of which upon acid intoxication has been made plausible by Martin Fischer, whose views and claims, however, have not yet gained general recognition, that will, in my opinion, be accorded to them in the future.

Dr. Hyman I. Goldstein, Camden: We have been given a lot of material by these gentlemen. As I understand it the paper is not on acetonuria nor is it on acetonuria associated with digestive disturbances in infancy. Let us bear the subject in mind—acidosis first and second, acidosis in infancy I must disagree with Dr. Levy when he says that we do not know more of acidosis than we do of eclampsia. In saying that, he takes away a lot of credit from such men as Howland, Marriott, Van Slyke, Hendricks and Roundtree, Channing, Forthingham and others. Is it so that we do not know more about acidosis than we do about eclampsia? We know the chemical cause of acidosis, but can we say that we know the chemical cause of eclampsia? Recurrent vomiting is certainly not hysterical because in re-

current vomiting the chemical analysis shows urates and acid phosphates increased in the blood, but there is no such finding in hysteria. We have never heard of bicarbonate being given for hysteria, but we get good results from the administration of bicarbonate in recurrent vomiting. Dr. Levy's remarks lead me to believe that he made the diagnosis of acidosis on the basis of the presence of acetone in the urine. That is what prompted me to speak, for I want to emphasize the insignificance of acetonuria as a factor in the diagnosis of acidosis. These cases may not have been true acidosis; they may have been infections or something else. Dr. Levy also speaks of the child having three or four free bowel movements and an increase in the amount of urine and of increase in the acetone. May there not have been an acetonuria in addition to a true acidosis? In a true acidosis there must be a definite diminution in the acetone in the urine, about 50 per cent. of children suffering from various conditions have acetone in the urine. We never treat a case as a true acidosis because of the presence of acetonuria.

Dr. Alexander Marcy, Jr., Riverton: This question of acidosis in infants and children is certainly a very interesting one. The question of cyclic or periodic vomiting is even more interesting than that of acidosis. All cases of acidosis are not necessarily cases of cyclic vomiting, but in addition to the cyclic vomiting one may have acidosis and something else. Someone has said that we must agree that cyclic vomiting is hysterical. I am willing to admit that there is a very large nervous element and there is something wrong with the sympathetic nervous system in cyclic vomiting. The physiological mechanism is disturbed and there is acidosis, but there is certainly more than acidosis. Anyone who has seen a grave case of cyclic vomiting has seen one of the most awful things a child can go through. I have had the misfortune to see several fatal cases of cyclic vomiting and I have never seen anything so terrible. These children before they have acetonuria have indican in the urine and after the indican has appeared the acetonuria follows. The breath has a very peculiar odor which is an evidence of acetonuria. Undoubtedly treatment in these cases is useless and the attack runs its course, and after a given length of time the child recovers. I have had one case that proved fatal and a post mortem was made and showed that the liver had undergone fatty degeneration and the kidneys showed an acute parenchymatous nephritis. Every organ of the body had undergone acute degenerative changes and yet the child was a perfectly strong healthy child. One surgeon suggested removing the appendix in this child. There was nothing wrong except when these attacks of cyclic vomiting came on. That case occurred years ago. Now we begin immediately saturating the patient with bicarbonate by way of the mouth and through the rectum. We take everything in the way of food away and the child absorbed a great deal of bicarbonate. I have not seen a case for years but those that are fatal are terrible to witness. Such an experience has made me approach a case of cyclic vomiting with fear lest it may be accompanied with degeneration of

the organs such as was demonstrated in the case I mentioned.

Dr. Francis H. Todd, Paterson: Sometimes in focussing our attention on the symptoms of acidosis too little is said about the cause of this condition. We all agree that it is intestinal origin, having its foundation in high fat and high protein feeding. Under such conditions changes must take place in the intestinal tract, changes in the bacteria which gives rise to a mass of purins which break up the fatty acids and these get absorbed, and the presence of acidosis is the only symptom of the condition. Nephritis is a natural consequence and pathological changes in the liver are perfectly natural. The vomiting is not due to any change in the stomach itself, but to the absorption of toxins from the intestinal tract. Acidosis is the same thing as cyclic vomiting and the reason it comes on periodically is because there is gradual accumulation of the products of the fatty acids and when they have reached a certain amount there is a sudden attack of acidosis with vomiting. The first thing to do is to neutralize the acid and to inhibit the growth of the bacteria. Certainly merely washing out will not accomplish the object, but the bicarbonate of soda will inhibit the growth of the intestinal bacteria. As Dr. Levy has said, after the evacuation of the bowels by two or three liquid movements the child gets better, so the second point is catharsis, high rectal irrigations. The third point is the withdrawal of food and then the use of only cereal food when feeding is begun. The point I wish to emphasize is that acidosis is only a symptom of the real trouble.

Dr. David E. English, Summit: I do not think we can make acidosis a disease by itself. It occurs in the course of so many diseases that to make it a separate entity with a specific cause is a mistake. I wish to speak of the connection between cyclic vomiting in infancy and migraine in the adult. I have lived long enough to see babies that have had cyclic vomiting grow up and have migraine, and I believe the cause of both conditions is the same, namely, a lack of development or an over development of some endocrine gland. I cannot say which one, and perhaps it is not always the same one, but I believe that is the cause. I believe in the bicarbonate treatment whether the condition is due to acidosis or not, because it does have a good effect. That has led me to think that bicarbonate of soda might be beneficial in migraine, and I have tried it with considerable success. When a person is subject to attacks of migraine more than one thing will bring on an attack. As Dr. Emerson has said, it may be brought on by eye strain in women about the menopause and those are the only cases that come with exact regularity and I believe that in these cases the initial cause lies in the endocrine glands.

Dr. Levy, in closing: The discussion has emphasized what is the real reason for the presence of this phase of digestive disturbance in infancy. If one reads the literature that is the idea one gets; it is the laboratory idea, but not the idea of the general practitioner. We hear different persons speak of the laboratory acidosis where the child has an ashen color

with respirations of 10 to 12 and where one can demonstrate a change in the respiratory quotient. What I want to bring out is that there is a clinical entity; scientifically it may not exist, but clinically there is such a thing. There is such a thing as cyclic vomiting, but that is not what I am speaking of and there are many cases associated with cyclic vomiting, but I mean a type of case not as frequent as the gastrointestinal case. They are helped by celaning out, but they have only an acidosis and should not be starved. Patient with acetonuria should have bicarbonate. A second point I wish to bring out is that we should get rid of the idea that bacteria are the cause of all digestive disturbances. The type I am describing is due to a metabolic cause. It occurs frequently in the oldest child in the family. The child is well cared for. The doctor says the child is weak and he increases the diet, most likely giving high fat and protein. The child has a large, pale stool and the bowels move with difficulty and the child vomits. The doctor is called, not because of the vomiting but because the child seems so somnolent. The temperature is not high, but the stupor in these cases is progressively worse. There is also a type of case that runs for weeks or months and that is the kind of case to which Dr. Marcy probably refers. The treatment in these cases consists in cleaning out the gastrointestinal tract and in cutting out the fats and feeding skim milk and cereals. As to the acidosis that we read about in the laboratory, and we first read about in as far back as 1870, there are certainly laboratory refinements which are interesting to talk about, but when it comes to the clinical facts that is a different problem. The cases I am talking about are not only those with acetone in the urine. I may illustrate what I mean. I can remember Dr. Delafield in his clinics always had the laboratory findings. He would look over the laboratory findings and would say "The laboratory says this is a case of pernicious anemia." "The patient has not pernicious anemia." Not every case that has acetone in the urine is a case of acidosis, but a case of acidosis may have acetone in the urine, and there are other symptoms which I have described and these cases should be treated as I have indicated.

Diagnosis of Gonorrheal Vaginitis.

Dr. I. C. Rubin, in the *Boston Med. and Surg. Journal*, says: To establish the diagnosis of gonorrheal vaginitis in children and infants, it is necessary to have: 1, A purulent discharge from the vagina. 2, The intracellular Gram-negative diplococcus of Neisser must be discovered in the pus cells (smears and cultures are facilitated by the endoscope. 3, This organism must further be grown on suitable culture media and properly identified as the gonococcus. 4, In case of doubt, complement-fixation tests and agglutination tests should also be resorted to. In the absence of these tests we are not justified in considering any vaginal discharge in children as gonorrheal, nor are we justified in treating it as such. The smear examination, even by the Gram stain of secretion or discharge from the vagina, is unreliable and misleading, and hence valueless as a method of diagnosis.

Clinical Reports.

Death from Volvulus, Caused by Worms.

Dr. V. G. Heiser, of New York, gives in the A. M. A. Jour., July 13, this case as reported by Dr. J. F. Hendrick of the Seychelles Islands:

A child four years of age was given six minims of oil of chenopodium. Two days after the administration of the chenopodium the child was reported very ill. There was marked distention of the abdomen, with severe pains, frequent vomiting, and the bowels had not moved since the day treatment was given. On post mortem a mass of round worms the size of a man's fist was found blocking the bowel; the intestines below the mass were so twisted as to cause complete obstruction; there was local peritonitis in the vicinity of the obstruction, and more than 300 round worms were found in the intestinal canal.

Hemianopsia.

Dr. Francis X. Dercum presented this case at a meeting of the Philadelphia Neurological Society:

The case occurred in a man, 67 years old, who came under treatment for a diverticulum of the esophagus. While under observation he became aware rather suddenly of loss of vision in the right visual field of each eye, without other accompanying symptoms. The blood-pressure was high and the superficial vessels were tortuous and resistant. The Wassermann reaction was negative and there were no visible changes in the fundus oculi. Under treatment with potassium iodide gradual improvement was taking place in vision. The conclusion was reached that there had been a temporary occlusion of the blood-supply to the cuneus on the left side of the brain.

Sarcoma of Nasal Septum.

Dr. Max A. Goldstein, St. Louis, reports this case in the Virginia Medical Journal:

Male, aged fifty-six years. Eighteen months ago began to be troubled with occasional obstruction of left side of nose, continuing about a month, followed by relief and then recurrence. No history of epistaxis. Latterly two or three nose-bleeds, not very profuse. No headache or pain of any kind. Loss of fifteen pounds in weight in six months.

Nasal examination.—Mass on septum obstructing left side. Right surface of septum infiltrated and thickened, causing some obstruction on that side. Nasopharynx negative. Throat negative. No evidence of involvement of the accessory sinuses.

Operation.—September 26, 1916, mass, together with the entire septum, being extirpated. Recurrence after one month. Histologic examination of mass showed round cell sarcoma.

Laryngoepiglottidean Cyst.

This case also is reported by Dr. Goldstein:

Boy, twelve years old, came under observation September 27, 1915. had been hoarse since he was one month old. This hoarseness had been ascribed by family physician to a "cold." No laryngologic examination had at any time been made. The condition seemed to remain quiescent all these years until shortly before the boy was brought to the writer for

examination, at which time he had become very dyspneic. The dyspnea was quite marked; patient anemic and frail, not cyanotic, and unable to speak above a whisper. There had not been much difficulty in swallowing. No regurgitation of food. Laryngeal examination showed a mass the size of a walnut on the left side, involving the laryngoepiglottidean region. There was no fever. Mass was yielding to touch and could easily be palpated with the finger. Mass incised, the contents consisting of clear, yellow, sticky fluid. Subsequent examination of vocal cords, examination of which was heretofore impossible because of obstruction of view by the mass, was negative. Boy regained the use of his voice, though through habit he would speak in an undertone. No recurrence of cyst to date, and boy now speaks in normal voice.

Coronary Thrombosis; Syphilitic Arteriosclerosis.

Dr. George Dock, St. Louis, reported this case at the annual meeting of the Asso'n of Amer. Physicians:

The patient was a man of sixty-one, who had never had occasion to consult a doctor for any illness and had been doing active work for forty years. He had an administrative capacity at a university. He was a big eater, but took little exercise. He was apparently vigorous, but medical men would look upon him as arteriosclerotic. He denied syphilis and had no scar, but the Wassermann was 4+ and it was found that he had a marked arteriosclerosis. After a Christmas dinner he was returning to his house and climbing a small hill, when he felt a severe pain radiating down the left arm and was obliged to stop. The physician who attended him said it was angina pectoris and high blood pressure, and gave him nitroglycerin. The man went to work until January 6, when he had another attack and was brought to the hospital. He had air hunger to a marked degree and the larynx worked with extreme violence. Morphine and atropine relieved his symptoms. He never got over the orthopnea. Later he developed hydrothorax. Dr. Robinson took the electrocardiogram and, without knowing that a diagnosis of coronary thrombosis had been made, he stated that the absence of the T-wave would suggest coronary obstruction. The patient died of double hydrothorax twenty-three days after the first angina pectoris attack. Post-mortem examination showed very marked syphilitic arteriosclerosis. There was thrombosis of the descending coronary with an infarct three weeks old.

Case of Bulimia.

Dr. George Dock, St. Louis, reported this case:

The patient, an architect, aged 36, was obliged to eat abnormally to avoid intense headaches which came on when he got hungry. Apparently he had no regular eating time, but always carried with him a quantity of toasted bread cubes and six to eight shredded wheat biscuits. The history was vague. He was well until 21 years, then began to suffer from eructations of gas which he called "gastritis." At 22 had paralysis of the right arm. He now weighed 215 pounds. Gland extracts had no effect on his condition. He was a large man, but with no pathological

distribution of fat or hair. There was evidently a slight neurasthenic element in the case. Upon examination it was found the man had marked nasal obstruction by polyps, with sup-puration of both antra and extremely bad teeth. There was a slight polycythemia. The Wassermann test was negative. The stools were very large and full of undigested fiber. Bulky vegetables were supposed to relieve the patient's hunger better than meat. In 24 hours he consumed about 7000 calories. The stomach and alimentary canal were normal, but rather large. The patient showed marked impatience with tests that interfered with his eating. No metabolic, intestinal, or pancreatic disease was discovered. The marked sinus disease suggested irritation by an impulse such as known in itching diseases. Treatment was instituted and consisted of removal of bad teeth and draining of the sinuses, which were full of foul pus. After this the headaches and abnormal appetite disappeared within one month. The patient had a normal weight and was without symptoms. It was a platitude in medical teaching that diagnosis meant covering the whole condition of the patient. In this case there seemed no connection between the disease and the cure; it was simply mentioned as being unusual in its course and recovery.

Hereditary Syphilis.

These cases were reported by Dr. W. S. Reynolds, New York, in a paper in the Medical Record, July 27:

Case I.—Mrs. D., aged 19 years, came to the New York Hospital in July, 1917, giving the following history: She had been well previous to her marriage in 1914. In 1916 her husband was a patient in Bellevue Hospital. She says he had "boils on the privates," and received one injection of 606. Her first child was born in 1915 and is alive and healthy now. One week after her husband was discharged from Bellevue, Mrs. D., entered the same hospital and remained there for two weeks with "an eruption on the privates." No salvarsan was given, as it was said she was "too weak." A specimen of blood was taken but she is unable to say what the report was. She comes to the hospital with her second child, a girl, five weeks old. The baby is fairly well nourished, being breast fed, but is suffering from snuffles and a marked onychia of both hands and feet.

Case III.—M. B., 26 years old, was brought to the New York Hospital in the ambulance in a comatose condition, Oct. 1, 1917. She remained in the wards for five weeks, during which time she had convulsive seizures at frequent intervals. These would begin as twitchings of the left side of the mouth, extending to the left arm. Under treatment with arsenoben-zol, both intravenously and intraspinaly, she gradually recovered consciousness and the convulsive seizures stopped. On Nov. 14, 1917, she entered the outpatient department as a patient, giving the following history: In January, 1917, on account of severe headaches, she had consulted a physician. He secured a specimen of blood which on examination showed a four plus Wassermann. She received weekly injections of mercury until Oct. 1, when, while on the street, she suddenly became unconscious and was removed to the hospital as stated. The young woman was accompanied by her

mother, who gave the additional information in regard to her daughter's infection: Fifteen years previously, the mother had taken as a boarder a child of five months and had kept him until he was seven years old. She stated that he was at the present time in an institution and she had reason to believe that he was the source of infection. To confirm her statement, I visited the institution and was informed that the child was there as she had stated. He was suffering from keratitis, being nearly blind when he entered as well as having lost his hearing. The blood had been examined several times and on each examination had given a four plus Wassermann. Specimens of blood from the young woman taken while in the ward had given a four plus. A specimen of the mother's blood taken on her visit to the clinic gave a negative Wassermann.

That the children may apparently escape infection where the mother is serologically syphilitic is shown by the following case:

Case IV.—Mrs. Q., a widow, 35 years of age, denies all manifestations of syphilis. She was married ten years ago, and has three children, six, four and two years old. Her husband is said to have suffered from cerebrospinal syphilis. He died in December, 1915, and in January of the following year the blood of Mrs. Q. and of her children was examined. The mother's was positive, while all the children's was negative. Mrs. Q. has been under treatment since that time, and in spite of the fact that she had several courses of mercury and salvarsan she still has a four plus Wassermann.

Tumor of the Brain.

Dr. Alfred Gordon reported this case at a meeting of the Phila. Neurological Society:

The patient was a man, 29 years old, who illustrated, among other things, the extraordinary tolerance of the brain to surgical operation. Some 3 or 4 years before he had suffered from severe headache, with vomiting and attacks of fainting. On one occasion he fell on the street and was taken to a hospital, where a trephine opening was made in the right parietal region. No lesion was discovered, but great relief from the previous symptoms followed. However, left hemiplegia developed, with convulsions confined to the left upper extremity, sometimes with, other times without, loss of consciousness. In the course of time a considerable hernia cerebri developed and headache returned. At this time a Wassermann reaction yielded a negative response, and papilledema was found in each eye. In the hope of affording relief a segment of skull was removed from the left parietal region, again with relief from headache. However, transitory weakness on the right side of the body, with temporary aphasia, appeared, while bilateral optic atrophy developed together with paralysis of the left external rectus and the right internal rectus and there was a tendency to fall toward the right side. With recurrence of the headache, and having in mind the possibility of a cerebellar lesion, a subtentorial occipital operation was performed and again with temporary relief from the distressing symptoms. Finally the headache again became intolerable and hernia cerebri becoming pronounced on the right side the opening on that side of the skull was enlarged. The patient still exhibits weak-

ness on the left side of the body with occasional convulsive seizures confined to the left upper extremity, preservation of tactile sensibility in the left hand, but with astereognosis and loss of sense of position in this member, and optic atrophy; but otherwise he is in good health. The belief was expressed that the underlying condition is a slowly developing new growth in the right frontoparietal region.

Ligation of the Splenic Artery in Banti's Disease

Dr. A. W. Blain, Detroit, reports this case in *Surgery, Gynecology and Obstetrics*, June, 1918:

The patient was a Greek, male, aged 38. The chief complaint was shortness of breath, weakness, and pain in the left upper abdominal quadrant; the chief physical sign was a swelling occupying the left side of the abdomen and extending 3 inches below the umbilicus, the splenic notch serving to fix the identity of the organ involved.

Flood Examination.—On admission, blood examination showed: erythrocytes, 3,840,000; leukocytes, 5,555; polymorphonuclears, 58; large lymphocytes, 5; small lymphocytes, 35.5; eosinophiles, 1.5; hemoglobin, 70; no plasmodia.

Stool and Urine.—Negative.

Diagnosis.—Banti's disease. Splenectomy decided on.

Operation.—The spleen was enormous, and firmly bound down in the posterior surface and to the diaphragm. The veins from the spleen were enormously dilated and very thin. Splenectomy being considered too hazardous, the splenic artery was ligatured, with chromic catgut, in two places about 3 centimeters from the spleen. There was an immediate shrinkage of one-fourth in the volume of the organ.

Subsequent History.—Patient walked out of hospital on the seventeenth day. A few days later a slight painful bulging having made its appearance in the center of the wound, it was opened and a large amount of broken-down splenic tissue exuded. The wound finally healed in six weeks, at which time the hemoglobin was at 90.

For over four and one-half years the patient has remained entirely well and he is doing heavy work. Blain summarizes as follows: the operation of ligation of the splenic artery will not supplant splenectomy, but, in selected cases, it may present advantages.—See page —

Infection of Bartholin's Gland.

Dr. F. J. Taussig, St. Louis, reports this case in the *Missouri State Journal*:

Mrs. K., aged 46, had had one child 12 years previously, followed by several mild attacks of ovarian pain and an infection in the left labium which was lanced ten years ago but which had not caused any distress since. For the last two to three years she had been having rheumatic pains. In February, 1916, she developed rheumatic swellings affecting many joints (hands, feet, knees, elbows, rigid neck). After various forms of medication without relief, she went to Hot Springs, Ark., for six weeks of hot baths. Finally in December of the same year she consulted Dr. Soper and Mills who suspected a focal infection and began a systematic search for the primary cause. Nothing was found in the mouth or digestive tract. A sigmoidoscopy

was negative but gave rise to considerable pain to the left of the anal ring. Only on that occasion did she mention the fact that she had had soreness in those parts for the previous weeks. At the time of this examination every movement of the joints caused excruciating pain, her blood pressure was 216 systolic and 110 diastolic, the temperature was 101.5 F., and the urine showed a trace of albumin. I was called in consultation the next day and found her in bed complaining of increasing soreness in the vulvar region. Examination showed a somewhat deeply situated left-sided vulvovaginal abscess. After two days of poulticing, the abscess softened and was incised. About a table-spoonful of foul smelling pus escaped. Stained smears from the pus showed a bacillus resembling the colon. With the incision the temperature dropped to 99 F., the blood pressure to 140 systolic, and the joint pains became 50 per cent. lessened. Continued slight purulent discharge from the old sinus and continued joint symptoms indicated the necessity of complete excision of the gland, which was done Jan. 11, 1917. The improvement in the joints continued, and six months after the operation they were completely cured. The patient reported to me last week and I found the local condition healed and no trace of her joint infections.

Carcinoma of Appendix; Unusual Form.

Reported by Dr. George A. Geist, St. Paul, in *Minnesota Medicine Journal*:

Patient: Mr. P. M.; age, 55; grocer; complained of chronic constipation which during the past year had grown progressively worse. At no time did he have pain. The past month he noticed blood in the stool at times; defecation was painless. There was great loss in weight and the abdomen became enormously distended. On examination the abdomen was found to be very tense, making the palpation of a tumor impossible. Per rectum a nodular mass was felt with difficulty. Operation November 18, 1915. The entire abdomen contained about two quarts of gelatinous material which poured out in large and small chunks and was not adherent to the intestine. There was no evidence of inflammatory peritonitis. In the region of the appendix a mass, the size of a grape fruit was found. It was somewhat adherent but on freeing we plainly saw that it was attached to the base of the appendix which could be seen for a length of 1 c.c. The tumor was irregular in shape and its entire surface was covered with necrotic gelatinous material. In the mesentery of the pelvic colon another mass, the size of a peach, was found. This was similar to the primary tumor in consistency. General glandular enlargement was present and the glands were very soft in character. The tumor of the appendix was removed and because of the presence of obstruction which was due to the mass in the pelvic colon, appendicostomy was done. The patient died six months after the operation.

Description of the Tumor: Macroscopic: the surface is irregular and covered with gelatinous exudate; on section we find cystic formations containing myxomatous material and areas of hyaline degeneration; fibrous bands can be seen coursing through the growth. There is no remnant of the appendix except-

ing at the base of the appendix to which the tumor is attached. Microscopic: Areas of epithelial cells arranged in rows are found with difficulty. Fibrous connective tissue bands are present and along these occasional glandular arrangements of epithelial cells can be found. Myxomatous degeneration is present.

Harte in 1908 collected 92 cases of primary carcinoma of the appendix in a total of 2,322 autopsies for appendicitis; all of the appendices were not examined microscopically. At least 200 authentic cases have been carefully described. Faldauf states that 1% of all inflamed appendices will be found to be malignant. The site of the malignancy is in a large percentage of cases in the tip which has been obliterated by inflammatory processes. Many of these cases have been found in the young; four cases under ten, 13 between 10 and 20, 34 between 20 and 30, and 21 between 30 and 40.

Empyema of Appendix.

This case is also reported by Dr. G. A. Geist.

Patient: Age 25; for many years had attacks of slight pain over the appendix. He gave a history of acute pain of two days' duration. Vomited and had slight rise in temperature. At operation a large mass was found retrocecal and adherent not only to the cecum, but also to the parietal peritoneum. The mass was the appendix itself; its walls had become enormously thickened and at one point recent omental adhesions were present. On opening the mass we found a large quantity of pus filling the sac and a concretion. Thus in this case we have the enterolith, the chronic infection with resulting great increase in the connective tissue within the appendiceal wall, ulceration and destruction of the wall at one point and commencing symptoms of perforation. Recovery in this case was uneventful and the patient is in good health—seventeen years after the operation. Diagnosis: Empyema of appendix; fibrous thickening of the wall.

Abstracts from Medical Journals.

Acute Mastoiditis and Infectious Diseases.

Dr. George H. Lathrope, Morristown, gives the following conclusions in a paper read at the A. M. A. annual meeting:

Imperfect as this study is in many respects, the following conclusions seem to me justified from the facts and analogies presented:

1. The Army camp in question appears to have suffered this past winter an "epidemic" of acute mastoiditis.
2. This exhibition of mastoid infections is only one expression of the general streptococcus incidence in the camp.
3. The latter streptococcus invasion, in turn, is but a sideshow in the very widespread wave of streptococcus disease throughout southern Army camps.
4. It is peculiar in two points: (a) The dominant organism is the *streptococcus viridans*, and not a hemolyzing streptococcus, as appeared elsewhere; and (b) its chief expression is in the form of an unusually severe involvement of middle ear and mastoid tissues.
5. Measles played a prominent part in giv-

ing the streptococcus a start in its work, and stands by itself as an etiologic factor in the development of the severer types of mastoiditis.

Operations for Varicocele.

A warning was recently issued by Prof. J. C. Bloodgood of Johns Hopkins University, against operations for varicocele by excision of veins because of the risk of subsequent atrophy of the testicle and other serious complications.

Abortive Treatment of Acute Articular Rheumatism.

Dr. A. Edelmann, in the *Munchener med. Woch.*, reports that he has been successful in aborting acute febrile articular rheumatism by enhancing the action of the salicylates by inducing, as a preliminary, hyperemia in the affected joints. The means with which he induced this focal hyperemia was by parenteral injection of milk. Muller and others have called attention to the hyperemia with transudation which is induced at points of lessened resistance by heterovaccine therapy and by parenteral injection of milk. Edelmann found that then when the salicylates were administered they were attracted likewise to these points, and their action was thus materially enhanced and the acute rheumatism aborted. In a group of forty-six cases, a heart defect developed only in two, and pericarditis did not develop once in a group of seventy cases.

Poliomyelitis.

Dr. F. C. Pickham, Providence, in the *A. M. A. Jour.*, Aug. 10, redescrives a technic of fascia transplant in poliomyelitis previously published by him in the *Rhode Island Medical Journal*. The method is described in a case report. The advantage claimed is that there is a long anchorage for the correction of valgus deformities, nearly the whole length of the leg, and the remaining good muscle, whether tibialis or common extensor, steadies the foot, while the Achilles tendon pulls up the heel. A second case is also briefly reported. The children not only walk, but walk without braces.

Cerebral Edema.

Dr. L. B. Rawling, in the *British Medical Jour.*, says he has seen a considerable number of cases presenting evidences of cerebral edema as the result of heat stroke, cerebral malaria, shell shock, etc., and has come to the belief that the condition is due in part to a damage to the veins if the brain and its membranes which reduces their capacity for absorbing the excess of exuded fluid. Lumbar puncture sometimes temporarily reduces the symptoms of the increased intracranial pressure, but at other times it proves of no value, or even yields no excess of fluid, probably due to the blocking of the communication between the brain and cord. The most satisfactory form of treatment has been the performance of a subtemporal decompression with incision crucially through the dura and followed by replacement of the temporal muscle. This permits the escape of the fluid into tissues whence it can readily be absorbed and after some time the normal functions of the cerebral sinuses and veins are restored. In practically all of the cases in which

this operation has been performed by the author the results have been very good and quite permanent. The operation is not dangerous and is recommended for all severe cases in which improvement has not taken place after three months of medical treatment.

Gastric Hemorrhage.

Dr. Frank Smithies, in Medicine and Surgery, says: Gastric hemorrhage is associated with the following conditions: in all primary gastric diseases; in conjunction with chronic disease of the heart, or blood-vessels; with complicating chronic disease of the liver or gall-bladder or ducts; with splenic disease associated with enlargement; with acute and chronic pancreatitis; with toxemias associated with ailments of the kidneys, central nervous system, thyroid, adrenal or hemolymph nodes; with bacteremias; with chemical poisons; after local injury; disordered blood states (hemophilia); associated with the physiological cycles of females; following intraperitoneal operations.

Pneumococcus Peritonitis.

Dr. Parker Syms, in an article in the *Annals of Surgery*, says: *Pneumococcus peritonitis* occurs in (1) an idiopathic disease, as (2) as a sequel to some previous site of infection, or as (3) part of a general septicemia in which other organs are simultaneously involved. The varieties found are (1) a diffuse general peritonitis, and (2) an encysted or localized process. The disease in three times as common up to the fifteenth year and is more frequent in girls than in boys. The generalized form is characterized by an initial toxemia which is usually marked, a second stage of abdominal symptoms, and a third stage of continuing and advancing peritonitis. When loculation takes place the abdomen is irregularly enlarged, and if perforation occur (frequently through the umbilicus) there is a discharge of characteristic pus. Serum therapy is advised.

Hereditary Syphilis of the "Early" Type.

Dr. Philip C. Jeans, St. Louis, at a meeting of the Washington University Medical Society, reported that 41 infants having manifestations of hereditary syphilis were studied in regard to the incidence of involvement of the central nervous system. Based on the examination of the cerebrospinal fluid the cases were divided into three groups. There were sixteen cases (39 per cent.), having undoubted evidence of syphilitic involvement of the nervous system, eight of which also had clinical manifestations, such as convulsions, hemiplegia, hydrocephalus, etc. Nine of the forty-one cases presented doubtful evidence and sixteen cases were classed as having no evidence of nervous involvement. The evidence in the "positive" cases consisted of a strongly positive Wassermann reaction in every case as well as increase in the globulins and cells and a colloidal gold reduction in the "syphilitic zone."

No other statistics of nervous involvement in syphilis in infancy are known to the writer. From these data it would seem that there is practically the same incidence of nervous involvement in "early" as is found in "late" hereditary syphilis. In one rather large series in older children we found 33 per cent. and

more recently in a smaller series nearly 50 per cent. with nervous involvement. According to various investigators one finds conspicuous changes in the spinal fluid in from 25 to 40 per cent. of cases of early acquired syphilis showing that the incidence of nervous involvement is not very different in early hereditary syphilis from that found in early acquired syphilis. It is also noted that in the majority of the cases of infantile syphilis with nervous involvement the nervous lesions are rather readily reached by effective general therapy, so that in but few cases does intraspinal treatment seem necessary.

Banti's Disease a Syphilitic Manifestation?

Drs. Norris, Symmers, and Shapiro, writing in the *American Journal of the Medical Science*, state that Banti's disease as an entity has no legitimate claim to recognition, and conclude that syphilis adequately fulfills all the requirements enumerated by Banti. Their conclusions follow:

1. The so-called Banti's disease is neither an independent clinical nor an anatomical entity, and the designation should be eliminated from the nomenclature of splenic pathology, since it not only carries with it the objections customarily urged against the sur-named diseases, but is in reality a manifestation of visceral syphilis. This conclusion is based on the following facts:

- (a) The later stages of acquired syphilis are occasionally attended by enlargement of the spleen, arising absolutely independently of cirrhotic changes in the liver, and, when combined with the secondary anemia so constantly to be observed in the syphilitic, it fulfills the essential requirements of the first, or preascitic, stage of Banti's disease as originally postulated.

- (b) In other cases of late acquired syphilis, splenomegaly and cirrhosis of the liver are combined, in which event jaundice, subcutaneous and submucous varices, ascites, digestive disturbances dependent on chronic passive congestion of the gastrointestinal mucous membrane, hematemesis, and related changes constitute an exact clinical counterpart of the picture given by Banti for the intermediary and final stages of the disease described by him.

- (c) The syphilitic cirrhosis of the liver just referred to is of two varieties, one corresponding to the atrophic or hob-nail liver of Laennec, in which syphilis is an etiological factor in at least one-third of all cases; the other, the coarsely lobulated liver in which syphilis is universally recognized as the specific cause.

- (d) In 4,880 autopsies at Bellevue Hospital cirrhosis of the liver occurred 74 times in 314 luetic subjects, or in 23.4 per cent., and of this number there was an associated splenomegaly of marked proportions in 48, or 64.8 per cent. Of the 74 cases, 50 were of the coarsely lobulated type and 24 of the atrophic or hob-nail variety.

2. The histological changes in the spleen in the condition described by Banti are identical with those due to syphilis. The lesion is a chronic diffuse interstitial splenitis, attended, in certain instances, by sclerosis of the malpighian follicles. Banti and his followers attach great significance to the latter finding.

As a matter of fact, sclerosis of the malpighian follicles is characteristic only of recessive status lymphaticus, in which it occurs with almost unfailling regularity, and in the spleen of the so-called Banti's disease it is but a coincident histological change.

The Healing of Peptic Ulcer.

Dr. B. W. Sippy, Chicago, read a paper at the meeting of the Association of American Physicians this year on this subject. The protection of the ulcer from the digestive action of the gastric juice by hourly feedings and the early giving of alkalis formed the basis of the treatment he outlined which had been applied to 2,000 cases of varying duration—from one month to 30 years, the average duration was four years. The ulcer healed by cicatrization. It could be said that operative procedures had a definite mortality which weighed against this method of treatment. Therefore, unless the cases were operated upon healing must take place. Three points were connected with the healing of ulcers: (1) What were the causes of ulcer? (2) What prevented the healing of ulcers? (3) What could be done to heal ulcers? By answering these questions one could arrange a rational method of treatment. First, as to cause, the mucous membrane of the stomach from lowered resistance (perhaps vascular or perhaps from bacterial invasion) became digested and an ulcer was formed. Pepsin had a solvent action on albumin sensitized by free acid. In ulcer, therefore, it was necessary to destroy the digestive action of the juice. This could be done by the method outlined. In pyloric obstruction 90 per cent. of cases had been relieved in from one to three weeks.

Dr. J. Friedenwald of New York said that he had used this method of Dr. Sippy's a great many times and had found it exceedingly valuable. It had given better results than any other line of treatment.

Radium in Uterine Hemorrhage.

Dr. C. Jeff Miller, New Orleans, in a paper on this subject says:

"If conclusions may be drawn from a limited number of cases, it has been proved that radium possesses almost a specific effect in the control of certain types of persistent uterine hemorrhage. It possesses every advantage over x-ray treatment in that it acts promptly, is free from the risk of cutaneous burns, is easily applied, and acts by producing changes in the endometrium or uterus, rather than in the ovaries. It will reduce the size of probably 80 per cent., cause the disappearance of many fibroid tumors, and, if carefully used, excessive menstruation may be reduced without causing amenorrhea. Those who have had experience with radium must agree with Kelly and Burnam, who state: 'In its brilliancy of curative results it is fully equal to radical surgical procedures, while offering the advantages of freedom of pain and the various post-operative complications and sequelae. Furthermore, when radium fails, we still have the operation to fall back on and have lost nothing in the waiting. Since such results may be obtained by a method of treatment that entails only one or two days' confinement to bed, and which causes only temporary discomfort

amounting to little more than nausea or uterine colic, we must accept radium as a most valuable and necessary adjunct to gynecological surgery."—Surgery, Gynecology and Obstetrics, May, 1918.

Chronic Tonsil Infections. — Dr. Josiah J. Moore, in *Jour. of Laboratory and Clinical Medicine*, discusses chronic lacunar tonsillitis, chronic interstitial tonsillitis, and chronic peritonsillitis, as well as syphilis and tuberculosis of the tonsils. He points out the part played by the tonsils in disease "carriers" where virulent bacilli persist in the tonsillar crypts. The tonsils may also become chronically infected with meningococci and the virus of poliomyelitis may be harbored there. The examples cited suggest that the infecting organism of many diseases which enter the body through the upper respiratory system may lodge for a long time in the crypts of the tonsils, thus producing a chronic "carrier."

Removal of Tonsils and Adenoids.

Obviously the advisability of a tonsillectomy in any individual case depends on the malady and the general condition of the patient. As the Baltimore investigators express it (*Bulletin Johns Hopkins Hospital*, 1917, 28, 1), tonsillectomy alone will not cure tuberculous cervical adenitis, arthritis or glomerular nephritis. It is necessary in such cases to apply general hygienic measures as well, so as to increase the patient's resistance. If the tonsils are the primary focus of infection, their removal in suitable instances may materially alter the prognosis by preventing a constant reinfection. Skillful surgery is indispensable. A partial occlusion of the crypts, resulting from an incomplete tonsillectomy, as sometimes happens, may actually aggravate the symptoms of infection by producing a mechanically made focus of trouble. Despite the many uncertainties and unsolved problems which still exist, however, Crowe and his collaborators state that their records "tend to support the evidence of Billings and others in regard to the importance of focal infections in many of the general disorders seen by the internist, the pediatrician, and the general surgeon."—Extract from Editorial in *A. M. A. Jour.*

Not infrequently we hear of alarming hemorrhage and occasionally a death directly following the operation for the removal of adenoids and tonsils. This is bound to be the case as long as physicians continue to operate these cases in the office or in the patient's home and without proper after care. The operation is a hospital operation, and we are quite in sympathy with the resolution concerning this subject passed by the public health committee of the New York Academy of Medicine, which is as follows:

"Resolved, That it is the sense of this committee that all operations on the tonsils should be performed in hospitals or in such dispensaries as are provided with operating rooms and with recovery ward facilities.

"Resolved, That private hospitals of the city be requested to co-operate with the health department of the city in the operative care of children with enlarged tonsils and adenoids; that these hospitals provide proper and ade-

quate facilities for such cases and that the city compensate the hospitals for this special service; and further, that the hospitals be requested to provide similar facilities without special compensation."—Exchange.

Prognosis in Surgery of the Aged.—Dr. F. C. Yeomans, in the Amer. Jour. of Surgery, states that the following are five cardinal rules for successful surgery of old people: A correct diagnosis made by thorough, and if necessary, repeated examinations before the operation. A definite plan of operation, executed with the greatest celerity compatible with safety. Rigid asepsis for the power of resistance to infection in the aged are limited. Control of hemorrhage by the Esmarch bandage, posture, segregation, and by division of vessels between clamps, for blood lost is not quickly replenished in old people. Careful handling of tissues. Trauma of tissue results in diminished resistance and favors infection. "Quickly in and quickly out" is imperative when invading the abdominal cavity and with the least possible evisceration.

Miscellaneous Items.

American Public Health Association.

The next annual meeting of this association will be held in Chicago from October 14 to 17. The principal topic during the meeting will be "The Health of the Civil Population in War Time."

The National Association of Military Surgeons has received authority to hold its annual convention at Camp Greenleaf, on October 13, 14 and 15, 1918. An even more enthusiastic meeting is expected than that held at Fort Benjamin Harrison last year.

Industrial Physicians and the Control of Cancer.—The American Society for the Control of Cancer in conducting propaganda has enlisted the aid of physicians and surgeons connected with large industrial plants throughout the country, who come in close contact with large bodies of men and women. An outline of a lecture on the control of cancer has been prepared by the council of the cancer society and the attention of these physicians has been called to it. Considerable interests has been manifested and many requests for the lectures have been received, as well as replies commending this form of educational work. In this connection the cancer commission of Harvard University has established a service for the free diagnosis of cancer which was inaugurated, October 1, 1917. It offers to the physicians of Massachusetts an opportunity for free examination of pathologic material removed at operation. This service was established on the suggestion of the American society.

Overweight at 50.—There is every reason why a man who is overweight at 50 should reduce until he reaches the weight he was when he was 35. According to Fisk he is a better insurance risk if after 35 he is under the weight which is the average of those of his years.—Lusk, Food in War Time.

Chloroform Deaths.—Auvray in 3,500 surgical operations performed during the present war, reports 3 anesthetic deaths. After the last of these he changed to ether, the inconveniences of which are negligible in comparison with the stigma of causing death.

Normal Blood Pressure.

Various tables and formulas have been suggested, of which the following may be given as representative:

Faught suggests that the normal average systolic pressure for a male at the age of twenty be considered 120 mm. and that for every additional two years of life one millimetre be added. Taking the figures thus obtained, a variation of 17 mm. above and below the average may be regarded as permissible.

Fisher gives the following table of average systolic pressures for the different age periods and allows a variation of about 12 mm. to each direction:

Age periods	Average
15-19 years	120
20-24 years	122
25-29 years	123
30-34 years	124
35-39 years	126
40-44 years	128
45-49 years	130
50-54 years	132
55-59 years	134
60-64 years	135
65 years and over	136

—(Dominion Medical Monthly).

A Doctor's Idea of a Perfect Day.

He has not been called out during the night preceding.
 He turns over at 7 A. M. and sleeps until 8.
 He is not called to the phone just as he steps under the shower.
 He is not summoned to attend to a bleeding wound just as he begins to eat his breakfast.
 He reads some of the morning paper without interruption.
 He receives a number of large checks for professional services.
 He starts out on his round of visits.
 He finds a satisfactory pulse pressure in his two pneumonias.
 He finds that paralysis in a case of apoplexy almost cleared up.
 He lunches with an old college mate.
 He buys some more Liberty Bonds.
 He is called to an obstetric case which delivers itself normally.
 He receives a negative Wassermann report on his last salvarsan case.
 He finds that a tuberculous patient has gained ten pounds.
 He dines well.
 He sees a good play in the evening.
 He smokes his pipe.
 He dreams of a successful revolution in Germany.—Dr. Arthur C. Jacobson, in The Medical Times.

Few persons have sufficient wisdom to prefer censure, which is useful to them, to praise, which deceives them.

(Continued on page 326).

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

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THE OFFICIAL LIST.

The Official List of Officers and Members of the Medical Society of New Jersey is sent with this issue of the Journal. If there are any omissions or errors they will be corrected in the Journal when the Secretary is notified. He should also receive prompt notification of deaths and changes of residence, also of every new member elected at any time during the year.

AFTER VACATION—WHAT?

We congratulate all our members who, in these strenuous times, have been able to enjoy vacations. May we not expect that they and all others who do not feel it to be their duty to enter the M. R. C., will give themselves as never before to the maintenance and efficiency of professional organizations and such war work as the Voluntary Medical Corps in the home field shall need. Can we as medical men and patriotic citizens do less, when many of our members—including some of our older and ablest doctors, have counted it a privilege to make far greater sacrifice in the service of their country and the men who are defending it. Surely selfishness, self-indulgence and slackerism has not been and will not be characteristic of the medical profession.

A CALL FOR FIVE THOUSAND MORE MEDICAL OFFICERS.

At present there are about 25,000 members in the Medical Reserve Corps and in addition about 1,500 men have been offered commissions who have not yet accepted.

The Surgeon-General's order is for five thousand more volunteers for the Medical Reserve Corps *now*. The call is made on the organized profession. It is up to us, to the medical profession of the United States, to respond to this call. We believe THE ORGANIZED PROFESSION WILL RESPOND TO THE CALL OF THE SURGEON-GENERAL! So far as possible the response must be made with the consideration of the actual needs of the public—not as expressed by the individual physician himself, but by the profession as a whole in his community, county and State. Preparations are already in the making for conducting the "drive" for this new increment of five thousand physicians. Let every reader ask himself the question: Is it my duty to volunteer? And then let him answer it honestly!

THE DOCTOR'S DUTY TO THE FOURTH LIBERTY LOAN.

A short time ago a request was sent to me to contribute an article stating why medical men should subscribe to the next and Fourth Liberty Loan. Of course, I am delighted to do so. There are more reasons than one why we should subscribe.

I need not be reminded of the patriotic spirit of our profession. We as doctors know only too well how much we have sacrificed since the days of Benjamin Rush to serve our country. The medical profession elsewhere are doing the same thing. All this with less glory and less remuneration than we are entitled to. But we ask for no more. There are no war profiteers among us. We are not accustomed to herald our good deeds. Nor shall we do it now. But we must assist to overthrow the most arrogant aristocracy the world has ever known. Let us assist to cure the world of the cancerous disease known as the aristocrat. Make the world safe from aristocracy. Nor has any one the right to refuse the expected help. But this is neither here nor there. We are now asked to subscribe to the Fourth Liberty Loan. The writer has been one of the first to go to his bank and subscribe to the full of his ability on the three former loans and he hopes to do so on the next.

Medical men are proverbially improvident. Here is a chance to help the country

by stirring up within us the economic spirit.

Let the little savings go to War Savings Stamps and do so every day. But let there be a hording of the larger income and subscribe on date of issue to the Fourth Liberty Loan. Not only that, go to your bank and give them your buyings in the bonds as a collateral, agreeing to pay the debt in weekly or monthly installments. In other words, pay off your debt by the installment plan and pay it off from your savings. Years ago a financial man suggested that plan to professional men and I have never been out of a debt since. It has been a circle ever since, coming back to the beginning and starting over again.

I would urge this plan on the reader even though he pay more interest for his loan than the bond will pay him, he still will come out ahead and gain. To do this we must cut out all unnecessary expense, cheaper automobiles to carry us to our patients, less help in the home, more work by every member of the family. The family will have to work as it has never done before and should be proud of the result. The true patriotic spirit shows itself in denying one's self that which is only a useless comfort and a luxury. Economy should be the watchword. Suppose we look at this matter from an egotistical standpoint. When the war is over and the period of reconstruction comes, we doctors will be the first to suffer. Wages will come down because work will be scarce. Competition between nations will be fierce. Comparative poverty will reign. Sickness will continue as much as ever and likely more. We shall be called upon to relieve the suffering and will respond, for we have never shirked our duty. But we shall get little remuneration. Thus these savings in government bonds will be a blessing. Who dares doubt that our American boys will win the war and that our loan to the government, which means to ourselves, will be the safest and possibly the only investment that will bear interest for years to come. We have not gone to the field. Praise be to those who have. Many have not gone because of the physical infirmities or because they were excluded by the age limit. It is to these to whom this letter is especially addressed. It is you who must support those in the field by placing every cent that can be spared at the disposal of the government.

I believe it will only be necessary to draw the attention of the profession to this matter to produce no end of economy in our homes and thus assist to relieve the country

of a great anxiety by showing the spirit that permeates every one of us.—EDWARD J. ILL.

STANDARDS OF PHYSICAL EXAMINATION FOR THE ARMY.

The various boards whose duties are to provide efficient soldiers from among the registrants, are acting at the present time under Form 25; we quote therefrom. "The purpose * * * is to secure greater efficiency in the examination of registrants * * * Medical Examiners should consider the standards as a guide to their discretion; therefore they are not to be constructed too strictly or arbitrarily. The final decision * * * rests with the military authorities at the mobilization camps."

At a meeting of the various "Boards" of Northern New Jersey, held Aug. 12, 1918, in Newark (notice thereof was very late and as a result the attendance was not near as large as it should have been), we were addressed by our good friend Captain Costill, the third vice-president of our State Society. As the matters discussed were purely medical, a much larger audience could be reached, if every month or as necessary, such data, statistics, advice and suggestions would be published in our State Journal.

The Captain at no time criticized the ability of the medical examiners but pleaded for closer co-operation with the examiners at the cantonments; he called attention to the increased percentage of rejections of registrants at Camp Dix and urged every effort on our part to reduce this percentage. "Many men, many minds," and it would seem that if there is no hard and fast rule as to certain disabilities, that this percentage must vary, according to the state of mind of the examiner at the cantonment; we have been made conversant with the opinions of the Chief Examiner at Camp Dix, but unfortunately all those examined by us do not go to Camp Dix and as yet we are unaware of the personal opinions of these *other* examiners, and therefore our judgment may be condemned or accepted according to the location of the cantonment.

It would seem desirable that there be some form of organization of Examiners at cantonments, who would decree that notwithstanding the rules say varicocele of moderate size *shall* be *unconditionally* accepted—we will not accept any varicocele, or again, no matter what the kind of heart murmur, we will not accept, notwithstanding rules and regulations.

The Medical Examiners are all actuated

by the same motives and desires of serving "our country" to the very limit of their abilities, they have used and will continue to use their best judgment in selecting qualified registrants; suggestions and advice to local Medical Boards will never bring better results until such time as the Examiners at the various cantonments get together and act in accord with the same interpretation of existing rules, or make effort to have them changed or modified and then we will find the rejections at cantonments comparatively nil.—E. D. Newman.

PERCENTAGE OF REGISTRANTS INDUCTED AND REJECTED.

The August 17 A. M. A. Journal gives a chart and table prepared by the office of the Provost Marshal-General, showing the relative number of registrants, accepted and rejected in the various States for the periods of Feb. 10 to July 10, 1918. For New Jersey there were: Total inducted, 29,760; accepted, 29,184; rejected, 576; per cent. rejected, 1.93%. There is cause for State pride that New Jersey presents the lowest percentage of rejections, 1.93, with the District of Columbia next, 2.212 and Texas, 2.20%. New York is 4.53 and Pennsylvania 5.52%, Alabama is the highest 17.46% and South Carolina 12.09%. The totals of the United States are: Inducted, 859,257; accepted, 809,138; rejected, 50,119, or 5.83% rejected.

MEDICAL EDUCATION.

The August A. M. A. J. was the Educational Number, giving the educational data for 1918 by the Council on Medical Education. We hastily gathered from it the following facts: The campaign of publicity started by the A. M. A. J. in 1900, led to the creation of the Council on Medical Education. In 1900 there were 160 medical schools in the United States—more than in all the rest of the world; only four required any college work for admission and only about 20 per cent. required a four years' high school education; there were 28,142 students in 1904 and 5,747 graduated that year.

Many of the inferior colleges have been closed and a few have been merged. The list given on page 540 gives 96 colleges at present with 13,630 students in 1918—New Jersey had 346. There graduated in 1918; 2,670, a decrease of 709 from 1917, of which 2,454 graduated from non-sectarian colleges—680 less than in 1917; from homeopathic colleges 114—or 66 less; from

eclectic colleges, 42, or 23 less than in 1917. The total number of women students in 1918 was 581, or 4.3% of all students, and 106 graduated, or 4% of all graduates. The Journal gives the classification of medical colleges as follows: Class A—Acceptable medical colleges: U. S., 69; Canada, 2. Class B—Colleges needing general improvement to make them acceptable: U. S., 14; Canada, 6. Class C—Colleges requiring complete reorganization to make them acceptable: U. S., 12; The requirements for admission to and graduation from colleges holding membership in the Association of American Medical Colleges are 14 units of high school work and two years of college work. A table is given, in the Journal, of college fees—from \$50 to \$200 or more per year in the different grades of colleges. It would be well to direct young men contemplating entrance upon the study and practice of medicine to carefully study the article in the A. M. A. J., pages 534-564, August 17 issue.

THE "SPANISH" INFLUENZA.

The epidemic that has spread through portions of Europe under the name of Spanish influenza was brought to this country a few weeks ago on some transatlantic steamers, one of which arrived in New York August 12th; it had had over 200 cases on board with four deaths during the voyage. Dr. E. E. Cornwell gives in the N. Y. Medical Journal Aug. 24th, the clinical history of eleven of the cases that were sent to the Norwegian hospital, Brooklyn, and were treated in his service there. He closes his report with these words: "The prevalence of influenza in Europe at the present time, 'Spanish influenza,' is the excuse for reporting these few apparently ordinary cases."

The Journal, in an editorial, says: "The history of these cases, including as it does the blood count and bacteriological studies, indicates that these particular cases, at least, did not differ materially from the classical influenza already well known in this country."

The Journal also publishes a letter from Dr. Fernandez Ybarra, Corresponding Member of the Spanish Society of Hygiene of Madrid in the United States, who recently returned from a nine months' stay in Spain. He says: "The disease is neither new or extraordinary, but solely and a'one grippe or epidemic bronchitis. In Spain the epidemic was caused and was easily spread by the unhygienic conditions of the

cities, particularly Madrid, the capital." He refers to the extraordinary abundance of flies all over the country, spreading disease and cites an operation he attended in the Hospital Provincial in Valencia, and says: "The flies in the operating room were so numerous that they posed on the naked arm of the surgeon while he was doing the operation, and on the faces, heads and necks of all the physicians who were in that room, including myself."

Evidently, if these cases treated by Dr. Cornwell are typical of the epidemic as it existed abroad, we have nothing to fear from an invasion of Spanish influenza, as hygienic conditions are far better here than in Spain and our health authorities are more able to cope with it. However, as an editorial in the A. M. A. Journal, August 24th, suggests, the scientific investigator will await further investigation before arriving at positive conclusions as to the identity of this foreign epidemic with those that have existed in our own country.

THE END FOR WHICH WE FIGHT.

From the Address of President Wilson at Mount Vernon, July 4, 1918.

There can be but one issue. The settlement must be final. There can be no compromise. No halfway decision would be tolerable. No halfway decision is conceivable. These are the ends for which the associated peoples of the world are fighting and which must be conceded them before there can be peace:

I. The destruction of every arbitrary power anywhere that can separately, secretly, and of its single choice disturb the peace of the world; or, if it cannot be presently destroyed, at the least its reduction to virtual impotence.

II. The settlement of every question, whether of territory, of sovereignty, of economic arrangement, or of political relationship, upon the basis of the free acceptance of that settlement by the people immediately concerned, and not upon the basis of the material interest or advantage of any other nation or people which may desire a different settlement for the sake of its own exterior influence or mastery.

III. The consent of all nations to be governed in their conduct toward each other by the same principles of honor and of respect for the common law of civilized society that govern the individual citizens of all modern States in their relations with one another; to the end that all promises and covenants may be sacredly observed,

no private plots or conspiracies hatched, no selfish injuries wrought with impunity, and a mutual trust established upon the handsome foundation of a mutual respect for right.

IV. The establishment of an organization of peace which shall make it certain that the combined power of free nations will check every invasion of right and serve to make peace and justice the more secure by affording a definite tribunal of opinion to which all must submit and by which every international readjustment that can not be amicably agreed upon by the peoples directly concerned shall be sanctioned.

These great objects can be put into a single sentence. What we seek is the reign of law, based upon the consent of the governed and sustained by the organized opinion of mankind.

These great ends cannot be achieved by debating and seeking to reconcile and accommodate what statesmen may wish, with their projects for balances of power and of national opportunity. They can be realized only by the determination of what the thinking peoples of the world desire, with their longing hope for justice and for social freedom and opportunity.

LOW DEATH RATE IN WAR.

According to data prepared by the statistical branch of the executive division of the general staff, more than seven American soldiers died of disease to every soldier killed in battle during the Mexican war. Eleven in every hundred fell victims to faulty sanitation. In the armies of the North during the Civil War, the battle mortality increased more than 100 per cent. over the Mexican average, while mortality from disease was reduced nearly eighty-five per cent., but the disease mortality was still double the battle mortality. The Spanish-American war witnessed a reversal of the downward curve, with more than five deaths from disease to each death in battle.

During the first ten months of the American participation in the present war, the records of the American expeditionary forces show an exact parity between battle mortality, which, if projected throughout a year, would be only a little more than half of the battle mortality and less than a third of the disease mortality of the Civil War.

Our members will be glad to hear that Dr. H. A. Cotton will withdraw his resignation as Director of the Trenton State Hospital.

Correspondence.

FROM LIEUT.-COL. SCHAUFFLER.

Camp Beauregard, Alexandria, La.,

August 8th, 1918.

My dear Dr. English:

One last message to you before I go. By the time the next Journal comes and, I expect I shall be on the other side, and I want to send you my sincere and affectional greetings, and thanks for all your kindness. I was naturally much disappointed to see in the Journal that my paper was not read at the annual meeting. I had word from the Surgeon General's office, under date of June 19th, that it had been approved and forwarded to Dr. T. N. Gray. I suppose there must have been some delay in the mail. I was grieved to see the death of dear Dr. Gray in the Newark News. He certainly made a brave fight of it this last year.

I have written to Dr. Strasser to send my Journal to Lakewood, as I suppose it cannot be sent across to me very well. Will you tell any of the men you may see that I am going over to do my part in this great work, and that I shall carry with me the recollection of many good friends, on whose thoughts and prayers we over there shall rely for inspiration and comfort.

Faithfully your friend,

W. G. Schauffler.

Address "Over There":

Lieut. Col. W. G. Schauffler, Med. Corps, U.S.A.,
Headquarters, 39th Infantry Division

American Expeditionary Forces.

Council of National Defense, Medical Section.

Washington, D. C., July 30th, 1918.

Subject: Dr. T. N. Gray.

1. It is with sincere regret that we learn of the death of Dr. T. N. Gray. The State has lost a capable and valuable man, and we are sorry to lose him as Secretary of the New Jersey State Committee, Medical Section, Council of National Defense.

2. Please advise us when his successor has been appointed.

By direction of Dr. Franklin Martin.

John D. McLean,

Major, M. R. C., Secretary Committee on
States Activities, General Medical Board.

THE SURGEON AS A SCULPTOR.

From the N. Y. Medical Journal.

In view of the large proportion of wounds received in the head, it is not surprising to learn that many cases of facial mutilation result. The result of such wounds is most depressing and some are said to have committed suicide rather than live with a face disfigured by wounds. During his recent visit to the United States Sir Arbuthnot Lane, the distinguished English surgeon, told of the remarkable results which have been achieved in the restoration of the contour of disfigured faces. A noted French sculptor studies photographs of the face of a patient as it appeared before the wound was received, and constructs a model in plaster as near like the original as possible. With this model before him, he builds up the injured face transplanting bits of cartilage and bone from the patient's ribs or

legs, holds them in place with paraffin or some plastic material and brings over the wounded area a flap of skin lifted from the forehead, cheek or neck and by this means builds up a new face, not only agreeable to look at, but with a resemblance to former appearance. One hospital in London has been devoted to these operations, and the results of the skill gained by the dozen English surgeons employed there has been freely offered to all American soldiers who may stand in need of such aid, the only expense entailed being the maintenance of the patient during the rather protracted process. To this end, the American authorities have been invited to provide barracks near the London hospital in question, an invitation which will, no doubt, be gratefully accepted.

The Healer in War and Peace.

The Chicago Tribune.

The eighth annual session of the Clinical Congress of Surgeons has brought to Chicago the most brilliant representatives of a most extraordinary profession, extraordinary in that it is the sole profession engaged in picking its own pocket. These men will operate for nothing. It is literally true that any ragamuffin can command the services of the greatest surgeon in America. Moreover, the profession has abolished that highly lucrative institution, the confirmed invalid. Instead of jollyng him along for half a century and taking his money, the modern practitioner operates, cures him completely in an hour and a quarter, and turns him loose, never to see his face or his purse again.

A lot has been written, some of it true, about the amazing self-sacrifice of medical men in time of war, but it is nothing to the self-sacrifice of medical men in time of peace. Wars seldom happen. Peace is, so to speak, chronic. And what do we see? Men giving away discoveries and inventions that would make them multimillionaires. Men adopting short cuts to usefulness that means a tremendous loss to whole classes of practitioners. There was the first profession to propel itself by gasoline. The heavy burden this laid on young physicians was not merely financial. It brought them into a new and vitally perilous competition with established physicians. In former times, if you had pangs by night, you called in the nearest doctor, no matter how youthful. Now, if you have pangs in the night at Waukegan, you summon an old shap who used to treat those pangs in Fifty-seventh street. Presto—honk, honk—he arrives!

Perhaps the most striking sacrifice the modern Aesculapian has been caught at is the sacrifice of his beard. Gone is the Methuselah pose, so mysterious, so omniscient, so overawing. Smooth shaven, mentally as well as physically, the man will say, "Something ails you, old top, but hanged if I know what," and, with that by way of preamble, poke around to find out. Unlike his predecessors, he takes you into his confidence all along. He has nothing to conceal. When stumped, he admits it. When successful, does he generally load you up with orders for things in bottles, things in boxes, things in barrels? That was the old way. It thrilled. What a wizard to know so many drugs! Now, like as not he tells you to play golf, go to bed when good folks do, and quit

worrying. It is a huge abdication. He puts the matter to you as if he were a fellow possessing only ordinary common sense. But his dream, when you get at it, is not only the abdication of wizardry, it is the abdication of his entire profession. Daily and hourly he strives to keep people from falling ill. Imagine architects struggling to abolish building! Imagine lawyers sitting up nights to abolish litigation! Imagine journalists toiling and perspiring to head off news! The only profession we know of that spends the bulk of its energy in efforts to pull itself up by the roots, so that the place thereof shall know it no more, is the medical profession.

Probably the world will keep on jeering at doctors and especially at surgeons. It is still believed that surgeons perform needless operations. It is still believed that surgeons operate for the immense pecuniary profit there is in it. But wait. When your own turn comes you will be amazed at the surgeon's reluctance to use the knife and still more amazed at the sliding scale of fees. No other profession has that sliding scale. You pay according to your means. Tell the surgeon your income. He will name a figure so far below what you expect that you will be tempted to exclaim, "If operations come as cheap as all that I'll have one every other Tuesday!"

The Doctor's Part.

From the North American, Phil., June 29.

If it were left to the world at large to select the ten best-loved pictures that have been painted, we think there is little doubt that "The Doctor" would be among those named.

If a copy does not happen to hang in your own home, at least you have seen one—the big, kind-faced man sitting beside a sick child in the room of a peasant cottage. Obviously, the light of that little candle flickers faintly, and to the two dimly seen in the background it has been the brightest of all beams from the few lighthouses along their rocky coast of life. So to them he who now may have power to keep it from going out is, indeed, the best of friends, the truest of helpers.

In the face of this faithful defender the painter has wrought a composite of all that is best and noblest in that protecting profession which is on call day or night for the healing and comfort of whoever asks. It bespeaks a soundless depth of human sympathy, tempered by knowledge and experience. To have such a one at hand when the Shadow comes close is indeed a blessing. Such is the ideal doctor in times of peace. And, after making due allowance for the frailties of human nature, we find an unusual measure of these qualities among his kind.

From this quiet room where the struggle between life and death noiselessly proceeds we turn to the field of battle. There, close behind the fighting lines and within easy range of guns or air bombs, we see the doctor multiplying his benefits in the midst of a veritable hell of din and slaughter. Now he deals with men slashed and torn and shattered—men with firm-drawn faces who are facing the crisis in its most terrifying form. He must work swiftly. He has not time to sit patiently by any one. But something of the same look still shines from his eyes, and in his touch is the same gentleness; and when he speaks his

voice echoes the old kindness that brightened the gloom of the little sick room far away. For these rough men, grimed and hardened and bleeding, are somebody's children. To mothers scattered far and wide these lives now hanging in the balance are the lives of baby boys they held close—baby boys who in the mother-world never grown up and never will.

So all through life, in strife and struggle as well as in the quiet byways, it is to the doctor we turn when the Shadow threatens. Of course, the call for him is widest and most insistent when war wreaks its vengeance on mankind. For these fighters who risk their all must not be lost if it is possible to rebuild their lives. And the doctors and nurses are the ones who do this rebuilding. Theirs is the chance to stem the tide of death at its crest and save lives not singly, but in great numbers. No war ever has given such evidence of their readiness to seize and use this opportunity, because no war has borne like fruitage of wounds in battle and of health needs in afflicted civilian areas. Even before our own nation had seen its duty and joined in the defense of human rights American doctors were at the front with the allied armies. Indeed, but for the presence of one such the story of death in this war would be far darker than it is.

We refer to the gifted Dr. Alexis Carrel of New York, a Frenchman by birth, whose development of the treatment of wounds by continuous irrigation with the Dakin-Carrel solution has saved innumerable lives. Working with equal earnestness and similar forgetfulness of self, scores of American surgeons were helping France and England prior to April, 1917, when the United States took its long-delayed step in the active defense of democracy. At this call the medical profession immediately responded to the new need. Through its chief official body, the American Medical Association, it offered to the government its entire organization and machinery to assist in the enormous expansion made necessary by suddenly changed conditions. The fact that 25,000 of the 145,000 licensed physicians and surgeons of this country already have gone into the medical departments of the army and navy is sufficient proof of the active patriotism of this profession.

Some idea of the problem which confronts us, so far as development of government medical departments is concerned, may be gained from the statement made by Dr. Arthur Dean Bevan in his presidential address at the recent annual meeting of the American Medical Association in Chicago, where he said: (See our editorial columns, Editor).

"With ringing force and clearness this eminent medical man ranked drink as the first and most dangerous enemy of public health.

"There can be no doubt," he said, "that the greatest single factor that we can control in the interests of the health of the nation would be the elimination of alcoholic drinks."

"This fearless handling of a subject so honeycombed with politics and greed for power is in itself the finest possible indication of the patriotism and loyalty of the American doctor. It shows that he is not alone serving his country in its hour of extreme need, but looking beyond the need into the future and seeking to make that future worthy of the price we now are paying for it."

Special War Items.

Commissioners Accepted M. R. C.

(Members of Medical Society of New Jersey).

Bert W. Botbyl, Paterson.
 Harry N. Golding, Paterson.
 Joseph L. Fewsmith, Newark.
 Howard S. Forman, Jersey City.
 Harry V. Hubbard, Plainfield.
 C. B. Luffborrow, Plainfield.
 Harry G. MacDonald, Hackensack.
 Arch. E. Olpp, West Hoboken.
 Frederick M. Paul, Newark.
 Henry B. Costill, Trenton.
 J. Wallace Hurff, Newark.
 William A. McMurtrie, Mendham.
 Otto O. Thompson, Lakewood.

Orders to Officers of Medical Reserve Corps.

(Member of Medical Society of New Jersey.)

Capt. Robert R. Armstrong, Passaic, to Fort Oglethorpe, Ga., base hospital.
 Lieut. David A. Berner, Atlantic City, to Camp Las Casas, San Juan, P. R., base hospital.
 Major Richard Bew, Atlantic City, to Camp Kearny, Linda Vista, Cal., on tuberculosis examining board.

Capt. Howard S. Forman, Jersey City, to Camp Upton, Long Island, base hospital.

Capt. William S. Foster, Newark, to Camp Lee, Petersburg, Va., for duty.

Cpts. J. L. Fewsmith and A. S. Harden, Newark; R. DeW. Baker, Summit, and Lieut. W. G. McCormack, Whippany, to Fort Oglethorpe, Ga., for instruction.

Lieut. Edmund W. Ill, Newark, to Camp Benjamin Harrison, base hospital.

Capt. Frank F. McDede, Paterson, to Fort Logan H. Roots, Ark., base hospital.

Lieut. Frank L. Martin, Newark, to Bellevue Hospital, N. Y. City, for instruction, thence to Camp Devens, Ayer, Mass.

Lieut. Fred H. Morrison, Newark, to Camp Eustis, Lee Hall, Va., for duty.

Lieut. Paul O'Brien, East Rutherford, to South Baltimore, Md., for duty.

Lieut. Charles F. Rathgeber, East Orange, to Hoboken, N. J., for duty.

Major Charles H. Schlieter, Elizabeth, to Fort Oglethorpe, Ga., base hospital.

Capt. Smauel H. Sulouff, Jersey City, to Camp Jackson, Columbia S. C., for duty.

Major Arthur E. Thompson, East Orange, to Syracuse, N. Y., for duty.

Capt. Harold G. Walker, Wyckoff, to Hoboken, N. J., for duty.

Capt. J. Boone Wintersteen, Moorestown, to Fort Oglethorpe, Ga., base hospital.

Capt. William J. Arlitz, Hoboken, to Fort Oglethorpe, for instruction.

Lieut. Bert W. Botbyl, Paterson, to Camp Holabird, Md., for duty.

Lieut. George E. Harhen, Newark, to New Haven, Conn., for duty.

Capt. John F. Hagerty, Newark, to Rockefeller Institute, thence to Camp Dix.

Capt. William James, German Valley, to Camp Devens, Ayer, Mass., base hospital.

Lieut. J. L. Farden, Irvington, to Camp Lee, Petersburg, Va., base hospital.

Capt. Harry G. MacDonald, Hackensack, to Camp Meade, Md., for duty.

Lieut. Norman S. Probasco, Plainfield, to Camp Dix, base hospital.

Capt. Louis E. Poole, West Hoboken, to Fort McHenry, Md., base hospital.

Cpts. Harry V. Hubbard and C. B. Luffborrow, Plainfield, and William A. Nerval, Paterson, to Fort Oglethorpe, for instruction.

Major William L. Vroom, Ridgewood, to Fort Des Moines, Ia., base hospital.

Capt. Henry B. Costill, Trenton, to Fort Moultrie, S. C., for duty.

Capt. Peter B. Cregar, Plainfield, to Camp Meade, Admiral, Md., for duty.

Capt. George W. Fithian, Perth Amboy, to Tobyhanna, Pa., for duty.

Capt. James S. Hewson, Newark, to report to the commanding general Eastern Dept., for assignment to duty.

Capt. Joseph A. Maclay, Paterson, to Rockefeller Institute for instruction on infected wounds.

Capt. James E. Pollard, Chatham, to Governor's Island, N. Y., for duty.

Capt. Stephen T. Quinn, Elizabeth, to Fort Sill, Okla. base hospital.

Capt. Michael J. Sullivan, Englewood, to Fort Oglethorpe, Ga., for instruction.

The Volunteer Medical Service Corps, which was authorized by the Council of National Defense on January 31, 1918, was reorganized and enlarged on August 5. It will now include not only those who by means of age, sex, or physical disability are ineligible for service in the Medical Reserve Corps of the army or navy, but all legally qualified physicians in the country, whether eligible for service or not, provided they do not already hold commissions in any of the Government services. The plan has received the approval of President Wilson, who, in a letter addressed to Dr. Franklin Martin, chairman of the General Medical Board of the Council of National Defense, says in part:

I am very happy to give my approval to the plans which you have submitted, both because of the usefulness of the Volunteer Medical Reserve Corps and also because it gives me an opportunity to express to you, and through you to the medical profession, my deep appreciation of the splendid service which the whole profession has rendered to the nation with great enthusiasm from the beginning of the present emergency.

The health of the army and navy, the health of the country at large, is due to the co-operation which the public authorities have had from the medical profession; the spirit of sacrifice and service has been everywhere present, and the record of the mobilization of the many forces of this great Republic will contain no case of readier response or better service than that which the physicians have rendered.

Under the plan of organization the entire medical profession of the country will be classified under four heads: (1) Fit-to-fight men under 40; (2) reserves under 55; (3) home forces over 55; (4) ineligible. The reserves will consist of those who may be called upon for army, navy, public health, or civilian service when necessity requires. The home forces include those who are able to do only civilian service. The ineligible are such as

have been charged with unprofessional conduct, moral unfitness, or professional inaptitude.

The Medical Profession and the War.

More than 25,000 physicians have accepted commissions in the Medical Department of the Army, and at least 2,000 more are in process of being commissioned. Adding to this number those in the Navy, we can estimate that over 29,000 physicians have volunteered and are now either in active service or subject to immediate orders. The 5,000 asked for last May have been supplied; another 5,000 will be called for immediately, and probably still another 5,000 later on. It is now generally believed that the present plan is to raise an army of 5,000,000 men as soon as possible. This means at least 35,000, if not 40,000 medical officers. The way in which our profession has already responded to the call of the Surgeon-General demonstrates both the patriotism and the proverbial unselfishness of the average medical man. No doubt the same spirit would supply the 40,000. But this voluntary method of furnishing the Army with medical officers is as unfair and as unsatisfactory as would be the same method of supplying the necessary personnel for the fighting force.—A. M. A. J.

Surgeon-General Calls for More Nurses.—

Surgeon-General Gorgas, on August 3, issued an urgent call to the American Red Cross to enroll 1,000 nurses a week for the next two months for immediate duty with the Army Nurse Corps. With the American armies entering more and more actively into the fighting overseas, Surgeon-General Gorgas says the need for more nurses has become imperative.

Campaign to Enroll Nurses.—

The campaign for the purpose of enrolling 25,000 volunteer nurses began on July 29. Surgeon-General Gorgas has written a letter to the heads of State committees on National Defense urging women between the ages of 19 and 35 to enlist before the campaign closes. He points out that the Army alone will require 25,000 nurses before January 1, 1919, and that about 13,500 of that number have been enrolled.

Newark Over Quota in Nurse Drive.—

The campaign in Newark for U. S. Student Nurse Reserves closed Aug. 12, with 220 enlisted, as reported by the Committee of the Council of National Defense. The quota for Newark was 186, but the city voluntarily took a quota of 200 of the 260 allotted to Essex County.

Convalescent Hospital at Colonia Opened.

The new \$2,000,000 convalescent hospital at Colonia, N. J., for wounded men from overseas and for invalids from army cantonments in this country is now ready to receive patients. The site of the hospital is the estate of Charles D. Freeman, who has leased his land and his house to the Government for \$1 a year. Seventy-two buildings have been erected since February 2, which provide accommodations for 1,607 patients, 160 nurses, and a medical corps numbering 550 men. Reconstruction work will play an important part in the program of the institution. Lieutenant-Colonel Alfred P. Upshur, M. C., U. S. A., is in charge

and Major Fred H. Albee is to have charge of the surgical work.

Rivera Hospitals for American Wounded.—

Extensive hospital arrangements have been made for American soldiers during the coming winter on the French Riviera. Accommodations for 25,000 men have been provided, there being 4,000 beds at Cannes. A plan for taking over several large hotels at Nice is under consideration.

Hospital in England for American Nurses.—

The War Council of the American Red Cross has appropriated \$54,855 for the leasing, equipment and maintenance of a Red Cross hospital for American nurses in Great Britain on leave from France. The hospital will have a capacity of about fifty-five beds.

American Military Hospital Started.—

Work was commenced, June 27, on a large American military hospital near Salisbury, England, the site being a country estate of 200 acres purchased by the Red Cross. The contracts provide that the hospital shall be ready in six weeks with accommodations for 400 patients, but it is planned that the institution will eventually accommodate 3,000 patients.

Increase in the Navy.—

On account of the increase of the strength of the Navy to 131,485 the Naval Medical Corps will be allowed two additional medical directors with the rank of captain and forty additional medical inspectors with the rank of commander. This will increase the allowance of officers of the Navy from 843 to 1,120.

Students on Overseas Duty Not Granted

Furlough.—The Adjutant-General of the Army announces that it is the policy of the War Department not to allow the return of enlisted men from overseas to the United States for the purpose of completing their education. This policy applies to medical, dental and veterinary students.

Massachusetts Doctors Get Special Call.—

All physicians and surgeons in Massachusetts who are within the draft age and are in Class 1 have been ordered into military service. The registrants reported at Fort Slocum, N. Y., where they will receive special training. These men are inducted regardless of whether they are physically fit for general or special service.

Chateau Near Paris for Wounded Aviators.

—Mrs. William E. Corey has given her French home, the Chateau Villeggenisse, near Paris, to the American Red Cross, as a convalescent home for wounded American aviators.

Anthrax Among Soldiers.—

At Camp Merritt, N. J., eleven soldiers are ill with anthrax, or wool sorter's disease, due, it is believed, to the use of cheap shaving brushes. In this connection, it is interesting to note the following review of the English experience, published in the United States Public Health Report:

"Among civilians in England, 19 cases are included from June, 1915, to October, 1916, 14 of which were proved to have originated from infected shaving brushes, the evidence being

that a new brush was used in each case just before the malignant pustule appeared, and that virulent anthrax was found not merely on the patient's brush (in each case the patient might have infected it), but on similar brushes obtained from the same shops or wholesalers. The other five cases were suspected of having originated in the same way, though evidence was not conclusive. Among the English troops in France, 28 cases of anthrax occurred from 1915 to February, 1917, but although the site in 23 of them was in the shaving area, and it was known that some of the infected lots of brushes were distributed to troops, proof of infection in this manner is lacking. From the beginning of the war up to February, 1917, 18 infections with anthrax occurred among the troops in England, at least 12 of these being on the shaving area, and 4 almost certainly being due to shaving brushes."

The Call for Young Doctors.

Dr. Irving W. Voorhees publishes in the Medical Record, Aug. 24, a letter that had come into his hands written by a young physician to his young wife about his entering the national service. He says he publishes it that it may help some other physicians to decide. It is as follows:

"As time goes on, it seems to me more and more that I ought to 'get into the game,' even with the sacrifices that such a step will necessarily entail for both of us. With our youthful health and strength we ought to be able to make a new start after the war; and who can say that this crisis was not ordained to be a turning point which is to be of the greater and fuller usefulness. I feel quite sure, when I look over the map, that the struggle is to last a long time yet, for there is no jot or tittle of a sign that the Germans have changed their minds as to the issues at stake or as to their divine right to rule the world and ride rough shod over all civilization. After all, the whole matter is one of an uncompromising difference of ideas. We cannot convince them by argument of word, and therefore they must be convinced ultimately by argument of the sword. As much as we in America dislike to engage in legalized or wholesale murder, we are driven by the first instinct of all life, as exemplified in biology—the instinct of self-preservation—to defend ourselves and those dear to us, as well as those who shall come after us, against the common enemy, the aggressor who attacked our sacred institutions, founded by the fathers for the benefit of all mankind, and who would make a shambles of the whole universe in securing his ends. There can be no greater nor higher nor holier purpose than to go to the aid of those who are crying out amid blood and tears for the helping hand of him who can bind up their wounds and assuage the last agonizing hour. To this great purpose the medical men of America are called, not to fight with mere physical weapons, as necessary as that is for others, but to minister to the needs of those brave defenders of the faith that is in us, who are calling us, perhaps at this very hour, to 'go over into Macedonia' and help them in their pain and grief. That is my conception of my duty, and, dear girl, I believe it is yours, too, to fit your-

self for the great work in a nursing school, from which you might emerge clad in the armor of strength for the fray, and with the credentials of the U. S. as your talisman. That would be so much better and finer than an R. N. now held by many who are not doing their full duty by mankind. We shall talk all this over when I see you."

Dr. Voorhees very pertinently adds: Can there be a finer inscription for the tomb of him who now lies in Flanders fields? How many of us have beheld such a vision and have faced it quite as manfully?

Dr. Martindale Hears from Son.

Dr. J. W. Martindale, Camden, has just received a letter from his son, Watson, who has been injured in France.

In part the letter reads: "At the present moment I am in a tiny French village, now famous in American history, which is surrounded on three sides by the Germans. It is the last word in ruins. My dugout occupies the cellar of a schoolhouse, and has pretty fair protection, in that a Boche shell would have to penetrate three walls before even reaching the thick vault of the cellar roof. That does not worry me so much as the gas which is just in the courtyard. We have a curtain soaked in water stretched across the doorway, which may hold out some of it. The Boche line in some places is about thirty yards from us. You can see their barbed wire. Our positions are in houses and behind walls. It is about the same position as if I were standing in my old bedroom window representing the Allies, and the Boche would be in Bingemann's back yard. We occupy the windows of barns, houses, behind wagons, haystacks, etc., where groups of men are stationed with machine guns and with automatic rifles. To-day the battalion supporting our right cleaned out a wood occupied by the enemy. Six planes were engaged. Each plane covered a certain sector and patrolled it back and forth regardless of the enemy's shrapnel and high explosives. We have not been able to learn how successful our attack has been. There are several Camdenites in my ambulance company. One is named Roser, from Fifth and York streets, and the other is named Brannen. It is rather interesting to sit in a house and look over into German territory, but try as I would, even with glasses, I could not see the slightest vestige of life. The Boche is very clever at seeking cover. Snipers are active. We have marks over the wall of our cellar stairs where their bullets landed, but since we walled up a shell hole in an adjacent wall through which they conducted their nefarious activities, there has been nothing doing. The marines threw dead bodies in the wells or any other old place when they took the town, consequently some of the water smells bad. Not knowing the town had been captured, a lieutenant marched a platoon of men into the public square, and the marines killed every man."

Since writing the above letter young Martindale has been injured. Just how badly he is hurt has not been learned. Dr. Martindale received a telegram from the government authorities advising that Watson was injured and was on his way home. This leads to the belief that he is pretty badly hurt.

Capt. J. D. Lippincott, Newark, wrote us some time ago what others are saying: "I am enjoying my work in the army. I do not regret for one moment the sacrifice I have made; this feeling I have found among all the men I have met—a most wonderful patriotic spirit."

Jersey City Lieutenant Decorated.—Lieut. R. J. Somers has been decorated with the French Cross of War for downing an enemy aeroplane. The exploit was conducted on his first bombing expedition and only two months after he had been in active service at the front.

Writing of the incident, Lieutenant Somers related that the American squadron left early in the morning of July 15, but was compelled to return on account of the low visibility. They went out in the afternoon and penetrated deeply into Germany, bombing troops and buildings. It was on their return that nine enemy planes swooped down on the formation. The lieutenant, who was pilot of his machine, engaged one of the enemy and soon brought him crashing to earth.

Lieutenant Somers was a friend and companion of Lieutenant Quentin Roosevelt and attended a farewell party with him in Paris only a week before the latter's death.

Flight Surgeons Appointed.

The United States government is now appointing a corps of surgeons and physical directors large enough to keep each training field and camp for flyers, both here and in France, with a proper organization. This medical branch of the air service does not alone select the flyer, but cares for him after he has been admitted to the service. Subject to the approval of the commanding officer, the flight surgeon recommends for the flyers such measures as periods of rest, recreation and temporary relief from duty as may seem advisable, attends sick calls of aviators, visits hospital cases and consults with the attending surgeon regarding them. The physical directors act as assistants to the flight surgeons and supervise such recreation and physical training of the flying men as is considered necessary.

New Way of Amusing Wounded Soldiers.—The National War Work Council of the Y. M. C. A. has solved the problem of how to entertain wounded soldiers who are unable to sit up in bed. Portable motion-picture machines are so stationed at the base hospitals in the camps that the projections appear on the ceiling, and all the patient need do is to look up.

Let There Be No Woman Slackers.

The following is from the pen of Dr. Anna Howard Shaw:

"The appeal from hospitals in the field is imperative. They must at once have every nurse who can be spared. The places of those withdrawn from hospitals must be filled immediately by student nurses. The call must be answered from every part of the nation. Let there be no woman slacker in the land."

Carlisle Indian School to Become Base Hospital.—The Indian school, located at Carlisle, is to become a base hospital. This institution has been used for the last forty years as an

educational institution for the Indians. It has been turned over to the War Department.

American Hospital Begun at Southampton, England.—Work has been begun on the largest American military hospital in Great Britain. It will be located near Southampton, and will accommodate 3,000 wounded Americans from the west front. The site is a magnificent country estate of nearly 200 acres, which the Red Cross has purchased. The old manor house will be the central building of the new hospital and around it the Red Cross is building nearly 10 acres of hutments and wards. The central corridor of the new hospital will be 1,000 feet long, opening on either side into wards, each one of which will accommodate from 60 to 100 patients.

The site is one of the most beautiful in Southern England. It overlooks Southampton Harbor and the Isle of Wight, and has a frontage of half a mile on the water, with good fishing and boating facilities. The property includes a great amount of woodland, where American lumbermen are already felling trees to provide heavy timber for the new buildings. The contracts provide for opening the hospital with the first 400 beds in six weeks. The institution will have its own electric plant, water supply, kitchen gardens, dairy, chickens and pigs.

Paris Home for American Soldiers.

The Paris correspondent of the Medical Record says: The American Home Service for soldiers and sailors abroad is increasing its activities daily, and Mrs. Weeks is taking a new Paris home for them and also a beautiful big villa at Aix-les-Bains, where they are to have every comfort. The new Paris home is located at 21 Avenue des Champs Elysees. The apartment is more spacious than the present quarters and being near the new Headquarters of the army, the soldiers will probably find it more convenient. In the new, as in the present quarters, tea will be served every afternoon free of charge. There will be lounging and writing rooms and a few bedrooms, where those who come to Paris for a night or two can have accommodations for a few francs. There will also be a complete library containing good books and magazines, and above all there will be that personal touch about the place that only a mother can give, and especially a mother who once administered to the wants of a son who gave his life for France. The branch which has been opened at Aix-les-Bains will serve the men on leave in the same way. Mrs. Harris has charge of the work there, and will be assisted by some of the American girls who have helped Mrs. Weeks in Paris. The Home Service is becoming widely known among the soldiers, and Mrs. Weeks says that recently the results of the work are beginning to show in the letters which she has been receiving from the men. The name of each man is put on file and all of the details about him, even down to his personal experiences at the front about which he has written, so that any information can be communicated to his relatives in America in case the soldier himself is unable to write. American soldiers in Paris are invited to make themselves at home in the new quarters.

Therapeutic Notes.

Dyspepsia with Pain and Flatulence.

Strychninae hydrochloridi, gr. ss.

Acidi hydrochlorici dil. ʒiv.

Glyceriti pepsini, ʒiij.

Aquae menth. pip. qs. ad. ʒvj.

M. Sig.: Tablespoonful three times a day after meals.—Williams.

Gouty Neuralgia.

Sodii salicylatis,

Antipyrinae aa ʒn.

Syr. zingiberis, ʒjss.

Aq. chloroformi, q.s. ad. ʒxii.

M. Sig.: Two tablespoonfuls every 15 minutes for four doses, unless the pain ceases before that time.—Williams.

Flatulent Colic in Infants.

Magnesii carb., gr. xl.

Spt. chloroformi, m v.

Syrup simplicis, ʒij.

Aquae anisi, q. s. ad ʒij.

M. Sig.: A teaspoonful, for a child under one year, every hour.

Rhinitis—Atrophic.

Ol. anisi,

Creosoti, aa m xx.

Petrolati, ʒj.

M. Sig.: Introduce a small piece within nostril.

Cinnamon Oil in Influenza.—Oil of cinnamon has a very favorable effect on the temperature, and shortens the convalescence period. Patients who usually suffer from marked asthenia for several days after an attack of influenza regain their strength very rapidly when treated with cinnamon oil, and are able to take up their occupations on the second or third day. Twelve drops of the oil are given in half a tumblerful of water, and the dose is repeated in one hour, then ten drops are given regularly every two hours until the temperature has dropped to normal. When apyrexia is complete ten drops should be given three times a day during the following 24 or 48 hours. When influenza is thus treated from the very outset, that is, within the first three or four hours, the temperature becomes normal within 12 hours; if the treatment is begun later, it may require 24 or 36 hours to obtain this result.—Medical Press.

Earache.—A very good, generally applicable preparation for use in ordinary earaches consists of cocaine, grs. 6; tincture of opium, drs. 2; glycerine, drs. 2. A drop of this mixture on a small pledget of absorbent cotton should be placed in the auditory canal, preferably after thorough irrigation. Externally, that is, behind the ear and about the tragus, apply some such ointment as: Guaiacol, grs. 40; methyl salicylate, grs. 40; menthol, grs. 3, and lanolin and petrolatum, equal parts to make oz. 1.—Amer. Journal Clinical Medicine.

Fly Poison.—Phelps and Stevenson of the United States Public Health Service, recommends an aqueous solution of sodium salicylate sweetened with brown sugar as fly poison.

Three teaspoonfuls of this powder in a pint of water is the proper dilution. This fly poison has the distinct advantage of being nonpoisonous to children, while equally as effective as the more poisonous substances employed.

Formalin for Warts.—Suldey advises applications of formalin for the removal of warts and especially of venereal warts. The solution of formaldehyde is applied every evening by means of a pledget of cotton or a holder. The surface should be lightly touched with the applicator, as it is advisable not to wet the surrounding skin or mucous membrane with the solution. Usually from four to ten applications suffice to effect a cure.—Journal de Medecine et de Chirurgie Pratiques.

Furuncles.—Good results have been obtained in the treatment of boils by dressing them with the following ointment spread on cotton or linen and bound lightly on, viz.:

Boric acid	4
Precipitated sulphur	4
Carbolated petrolatum	32

This procedure, thorough bathing and soaking the application of the borated solution, and the dressing of the individual furuncles, is repeated morning and night. A point of vital importance relates to clothing. Every stitch of linen worn next to the skin should be changed daily, and in the case of extensive furunculosis all the bed clothing that touches the individual, as well as the night clothing, should be subjected to a daily change.—Medical Brief.

Hospitals, Sanatoria, etc.

German Hospitals Change Name.—The German Hospital in Manhattan has changed its name to the Lenox Hill Hospital. The German Hospital in Brooklyn will take the name of the Wyckoff Heights Hospital.

Hospital Annex, Rahway, Destroyed.

Fire in the night of August 3, wrecked the Rahway Hospital annex. It started in the laundry. It was a double frame building connected with the main hospital by a covered passageway, was used as a maternity ward and nurses' home. Seven women patients were removed from the burning building to houses in the vicinity.

The fire spread so rapidly that the nurses were able to save only a few of their effects. The main hospital building was but slightly damaged and its equipment unharmed. The patients in this building were not moved. The building will be replaced at once.

State Hospital Pay Too Low.—In the annual report of Dr. John R. Ross, superintendent of the Dannemora State Hospital for Insane Criminals, a plea is made for a living wage for hospital attendants. It is pointed out that the problem of obtaining and retained satisfactory hospital employees is causing vital concern and that the difficulty can only be overcome by giving adequate remuneration. The salary of hospital attendants is pitifully below that of prison guards, yet it will not be denied that

equal tact and intelligence are expected of employees in an institution housing the criminal insane. Dr. Ross believes that the dearth of help in the hospital is not due to war conditions so much as to inadequate wages, and that to expect to get good service for \$45 a month is not consistent.

All Souls' Hospital Training School.

Seven nurses received their diplomas recently at the commencement exercises of the training school of All Souls' Hospital, Morristown, held in the chapel of the new institution. All of the members of the graduating class, it was announced later, have decided to volunteer for war service, and they intend to offer themselves in a body.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports that on July 1st there were 197 patients present in the sanatorium, 105 males and 92 females. During the month 47 patients have been admitted, 24 males and 23 females. Among these are four re-admissions. The re-admissions are classified as follows: Incipient, 25; moderately advanced, 6; far advanced, 16. Patients in sanatorium August 1st, 212.

The largest number of patients present at any time during the month was 212; smallest number, 197. Daily average for the month, 208.2.

Marriage.

FINKE-BENNITT.—At Hackensack, N. J., August 14, 1918, Dr. George William Finke, to Miss Ella C. Bennett, both of Hackensack.

Dr. Finke has been health officer of Hackensack; has enlisted in the M. R. C. and is awaiting call to duty.

Deaths.

DAY.—At the University Hospital, Philadelphia, July 12, 1918, Dr. Samuel Thomas Day, of Port Norris, N. J., aged 60 years.

Dr. Day graduated from the University of Maryland Medical School in 1889; he began practice at Arlington, Md., but soon left and settled, about 29 years ago, at Port Morris where he built up an extensive practice. He was greatly esteemed by patients and the citizens generally; a faithful, active worker in the M. E. Church and an earnest temperance advocate. He was a member of the Cumberland County and the State Medical Societies and a Fellow of the American Medical Association. He was a brother of Dr. Grafton E. Day of Collingswood.

DRURY.—At Ocean Grove, N. J., July 9, 1918, Dr. Alfred Drury, a graduate of the N. Y. Homeopathic Medical College, aged 46 years.

HOWELL.—In Camden, N. J., August 9, 1918, Dr. Mary Anna Howell. She graduated from the Woman's Medical College, Philadelphia, in 1891; settled in Camden and prac-

ticed with her husband, Dr. Aaron Howell, who graduated from Jefferson Medical College in 1885. She was the first woman physician in Camden County.

LAWRENCE.—At Summit, N. J., August 5, 1918, Dr. William H. Lawrence, Sr.

Dr. Lawrence graduated from the N. Y. University Medical College in 1877. He practiced many years in Summit; was for a few years city physician. In 1894 he was elected a member of the old township committee, serving as its treasurer for three years. When Summit was incorporated as a city in 1899, he was appointed a member of the Board of Health and served until he was elected sheriff of the county Masons. He retired from practice many years ago and for several years past spent a large in 1905. He early invested in real estate and became a large property owner. He was president of the Beechwood Park Land Company. He was past regent of Summit Council, Royal Arcanum and a member of Overlook Lodge of part of his winters in Florida, and his summers at Fire Island. He was the father of Dr. W. H. Lawrence Jr. of Overlook Hospital, Summit, now in M. O. R. C. service in France.

SHIMER.—In the Easton, Pa., Hospital, August 24, 1918, Mrs. Elsie M. Shimer, wife of Dr. Floyd A. Shimer of Phillipsburg, following an operation.

Personal Notes.

Dr. James Henry Clark, Newark, and wife spent August at Ogonquit, near York Beach, Maine.

Dr. George J. Holmes, Newark, and family spent August at Stroudsburg, Pa.

Dr. Briscoe B. Ranson, Maplewood, and family spent the month of August at Edgartown, Mass.

Dr. Millard F. Sewell, Bridgeton, of the M. R. C., has received a beautiful comfort robe knitted by a number of his patients; it has a flag in the center and blocks showing emblems of the Red Cross, the Liberty Loan, honor flag, etc.

Dr. R. W. Hageman, Somerville, of the M. R. C., who is at Camp Kearny, Cal., has been promoted to captain.

Dr. Frederick J. Hughes, Plainfield, has recently gone to France, with a party of about twenty physicians and specialists, who will be engaged in tuberculosis reconstruction work under the directions of the Rockefeller Foundation. This work is now in charge of Dr. Livingston Farrand, with headquarters in Paris.

Dr. Peter B. Cregar, Plainfield, commissioned as captain in the M. R. C., has reported at Camp Meade, Md. Dr. Cregar is one of a dozen Plainfield physicians now in the service, several being abroad. Dr. H. V. Hubbard of Central avenue, left recently for Fort Oglethorpe, Ga., to report for duty.

Dr. Lester R. Davis, Newark, and wife spent two weeks last month at Cape Cod.

Dr. George H. Franklin, Hightstown, suffered severe injuries in an automobile collision last month, which confined him to his bed for several days.

Dr. Sherman Garrison, Cedarville, wife and son spent two weeks last month at Fortescue.

Dr. James S. Hewson, Newark, recently received orders to report to the Commanding General, Eastern Dept., Governor's Island, for assignment to duty.

Dr. Charles H. Mayhew, Millville, has been commissioned as lieutenant in the M. R. C. He is the third Millville physician to enlist. Lieutenant R. R. Charles Worth, now in France, and Captain Frank Sheppard, at Camp Meade, being the others in the service.

Dr. Norman S. Probasco, Plainfield, commissioned in the M. R. C., was recently given a reception at the residence of Judge Crane, by the Probasco Bible Class of the First Baptist Church, that city, of which he was the founder and teacher. He was presented with a handsome Testament and a beautiful signet ring.

Dr. H. Roy Van Ness, Newark, has enlisted with a corps of eighty-five doctors and is now at Fort Slocum, where they are waiting commissions and assignments to camps. Dr. Van Ness has been a surgeon on the staff of the Newark City Hospital and the Memorial Hospital, formerly the German Hospital, and at the Newark City Dispensary.

Drs. Howard C. Voorhees and wife and E. Irving Cronk and wife, New Brunswick, spent their two weeks' vacations in Asbury Park, the former at the New Monterey, the latter at the Majestic.

Dr. Frank F. Moore, Camden, commissioned as a lieutenant in the U. S. Naval Reserve, has reported for duty at Cape May. He is one of the youngest doctors of Camden and a member of the staff of the West Jersey Homeopathic Hospital.

Dr. A. L. Smith, New Brunswick, spent a week last month touring in his auto, visiting Gettysburg, Valley Forge and other places.

Dr. H. Crittenden Harris, Glen Ridge, and wife spent a week last month in Atlantic City.

Dr. Mefford Runyon, South Orange, is acting during the summer as head surgeon at the summer house of Mrs. Ira A. Kip, Jr., at Leek Island, Canada, which she turned over to the Canadian government to be used as a hospital for wounded soldiers.

Drs. Caldwell P. Keeney and Harry H. Bowels, Summit, spent their vacations at Minetto, N. Y. Dr. Keeney has a commission in the M. R. C.

Dr. William B. Jennings, Haddonfield, has been definitely notified by the War Department that he has been physically disqualified for service in the army. Dr. Jennings has twice offered his services to the government but has not been accepted.

Dr. J. Willard Farrow, Dover, has been appointed to a captaincy in the M. R. C.

Dr. Henry A. Henriques, Morristown, and wife entertained friends at the Morris County Golf Club recently.

Dr. Joseph S. Mark, Woodbridge, has received his commission and reported for M. R. C. service last month.

Dr. Watson B. Morris, Springfield, and wife spent August camping at Cedar Lake.

Dr. Henry B. Whitehorne, Verona, spent his vacation last month at Saranac Lake.

Dr. John W. Marcy, Merchantville, spent a few days at Cape May last month.

Dr. Walter H. Smith, Haddonfield, spent a few days at Beach Haven recently.

Dr. William H. Cooke, East Orange, and family spent several weeks at Menant, Cape Cod.

Dr. Lester R. Davis, Newark, and wife recently took an auto trip of a week to Cape Cod.

Dr. Harry H. Bowles, Summit, has joined the M. R. C.

Dr. William S. Colfax, Pompton Lakes, has been re-elected medical inspector of the local schools.

Dr. James Douglas, Morristown, wife and daughter, spent two weeks at the Thousand Islands, St. Lawrence.

Dr. Alexander MacAlister, Camden, took a two weeks' trip to Chicago last month.

Dr. H. Raymond Mutchler, Dover, has applied for a commission in the M. R. C.

Dr. Charles L. O'Neill, Newark, and family enjoyed a three weeks' motor trip through New England last month.

Dr. James M. Reese, Phillipsburg, has been elected a director of the Phillipsburg Development Corporation, capitalized at \$500,000.

Dr. William F. Shafer, Camden, and family spent the last two weeks of August at Steelmanville.

Dr. M. W. Newcomb, Brown's Mills, on examination, was rejected for the M. R. C. for physical disability. He is a Contract Surgeon on the Tuberculosis Board at Camp Dix.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed	Failed
Arkansas, May	40	38	2
Delaware, June . . .	8	7	1
Kansas, July	16	16	0
Maine, July	6	5	1
Ohio, June	127	126	1
Oklahoma, April . . .	19	18	1
South Dakota, July . .	7	7	0

Public Health Items.

Dr. John F. Leavitt, Camden Board of Health Inspector reported a slight increase in the number of cases of contagious diseases during July: 12 of typhoid fever; diphtheria, 6; scarlet fever, 4; measles, 6; whooping cough, 13; tuberculosis, 16.

Typhoid Fever in City Home, Newark.

Six cases of typhoid fever among the boys at the Newark City Home in Verona have been reported to the Newark Department of Health and all of the patients have been taken to the City Hospital. This is the first time in fifteen years that a case of contagious disease has been reported in the home. The source of the illness is not known, but officials of the home believe it is caused by a stream which flows through the grounds.

Newark Health Department Report.

For the first six months of 1918 there were in Newark 3,525 deaths—a death rate of 17 per cent. per 1,000 population; for the corresponding period of 1917, the rate was 16.4 per 1,000. The principal causes of death were: Pneumonia, labor, 348; broncho, 168; tuberculosis of lungs, 362; other organs, 57; Bright's disease and nephritis, 238; organic heart dis-

ease, 316; cancer, tumors, 166, cirrhosis of liver, 22; measles, 104; diphtheria, 40; scarlet fever, 9; typhoid fever, 5; infantile paralysis, 4; cerebrospinal meningitis, 26; diarrhoeal diseases, 115; appendicitis and typhilitis, 29.

The number of cases of reportable diseases in June, 1918, was 1,660; in June, 1917, number was 2,256.

Division of Child Hygiene reports total number of supervised babies in June 2,989, with 14 deaths. Supervised mothers delivered in June 49, with 49 living births—no deaths.

Health Department of New Jersey.

The report for 1917 of the Department of Health of New Jersey contains detailed information regarding the health conditions of that State. There have been 44,186 deaths and 70,211 births registered. Special surveys have been made of the county hospitals for the care of the tuberculosis; nine counties in the State have already erected hospitals. A tuberculosis exhibit was conducted by the Bureau of Education and Publicity. The Bureau of Local Health Administration has been engaged in new forms of work; the handling of morbidity records, and the enforcement of sanitary regulations in the special sanitary district created in the territory surrounding Camp Dix. In regard to communicable diseases, epidemiological investigations have been made in forty-two outbreaks of communicable diseases, twenty-six of which were typhoid fever. The report contains, also, the records of the Bureau of Food and Drugs, the Division of Milk Control, the Bureau of Engineering, and the State Laboratory of Hygiene.

Mosquitos Exterminated from Hog Island.—

Officials of the United States Shipping Board state that they believe that Hog Island, now the center of a vast ship building industry, is effectually rid of mosquitos. The work involved the draining of a marsh twenty-five miles long at a cost of \$250,000. New Jersey has been reluctant to take such steps but since witnessing this achievement it has been decided to expend \$150,000 to drain the Newark meadows near the Submarine Boat Corporation Plant and has instituted work at the Camden yards across the river from Hog Island.

New York's Lowest Infant Death Rate.—

A survey of the infant death rate for 1917, showing a decline in infant mortality from 135.8 per thousand in 1907 to 88.8 in 1917, has been made by the New York Milk Committee. The improvement is attributed in part to the medical and educational campaigns, and partly to the efforts of the Milk Committee to improve the sanitary surroundings of infants.

New Orleans, La., June, reports death rate per 1,000 per annum for month—white, 16.37; colored, 31.73; total, 20.53. Non-residents excluded, 17.87.

Smallpox Epidemic Controlled.—

Dr. A. G. Gould in the Boston Med. and Surg. Journal, reports an epidemic that broke out in a factory having 15,000 employees. About 5,000 were found to be not vaccinated. These were vaccinated in November. The number of cases of smallpox that had appeared were: in September, 2; in October, 10; in November, 32. After

the vaccination 3 cases of varioloid developed in December, and no smallpox since. Gould's experience leads him to conclude that: Smallpox occurs, almost without exception, only in those not protected by vaccination; vaccination protects longer than the assigned seven years.

Free Syphilis Clinic.—St. Lou's is to have free syphilis' clinics under municipal control. All persons affected with syphilis in its infectious stages will be urged to go to the municipal clinic for treatment where at least two injections of salvarsan will be administered. An active campaign of education will be conducted to familiarize the people with the importance of these clinics and the benefits of early treatment of syphilis. It is the first instance of municipal clinics for syphilis to be established in this country.

Death Rate Increases.—The death rate for Philadelphia for 1917 was 17.0243 as compared with 16.1572 for 1916. The weather conditions, lack of coal and nourishing food helped to advance the total, and although the city was visited by no epidemic of infantile paralysis, the death rate among infants and very young children was higher than in 1916. The total number of deaths in 1917 were 29,546, as compared with 27,621 in 1916. This high total has occurred in spite of the maintenance of a large corps of city nurses and physicians in congested sections.

The Cost of Infectious Diseases.—Scarlet fever, diphtheria and measles cost the people of Chicago (estimated) \$7,562,442 for the year 1916. Some toll to pay. And yet much of it, if not all, might have been prevented. It can confidently be asserted that this tremendous bill, which the people of Chicago were forced to pay, was due largely to their carelessness and indifference. Scarlet fever cost \$2,170,459; diphtheria, \$4,535,395, and measles cost \$856,588; total, as stated, for the three diseases \$7,562,442.—Bulletin, Chicago School of Sanitary Instruction.

Early Vital Statistics.—While the greatest strides in the advance of vital statistics as a science have been made in recent years, their origin may be traced to centuries before Christ. Indeed, Herodotus tells us of a census of Egypt taken about 3050 B. C. for the purpose of making arrangements for the construction of the pyramids. Elsewhere, this same author refers to a second census, taken about 1400 B. C. in Egypt by Rameses II., for the purpose of reapportioning all the land of Egypt among his subjects. The Bible tells us that Moses counted the tribes of Israel to determine their fighting strength, and that David, about 1018 B. C., took a census for the same purpose. There is a record of a census taken in China about 1200 B. C., when data of the provinces were collected by Uking.—S. W. Wynne, Michigan Monthly Bulletin of Vital Statistics.

Comfort Stations.—Public accommodation is being met by some large cities in different ways. In the East, a number of the cities have constructed stations at expenditures varying from \$6,000 to \$18,000. The more expensive stations include news and bootblack stands, with a view of making them self-supporting.

Other cities have used an idea suggested by the International Public Comfort Station Association: That of various merchants in the city displaying a neat little sign, designated by the city, which shows or indicates that within there is a comfort station for the accommodation of either men or women, or both. This system, so far, seems to have met with success. It saves the city a heavy expenditure for new buildings, and also benefits the merchant by material increase in business. It has been suggested that stations be located at the junction points of some of our automobile roads where traffic is very heavy, and that a sufficient amount of ground be reserved for future growth.—Bulletin, Los Angeles, Health Department.

Baby Saving Exhibit.—Two traveling teaching exhibits, under the direction of the State health department at Harrisburg, have been opened, one at Willow Grove Park, Philadelphia, and the other at Pittsburgh, to instruct the public on many important matters relating to health hygiene and sanitation, particularly toward baby saving.

The Children's Year Campaign.—The facts brought out by the national baby test, conducted by the Children's Bureau, are of interest. It is estimated that already about 6,000,000 children of less than 6 years of age have been weighed and measured, and every State and Territory in the Union has been represented in the campaign. A bulletin for mothers on "Child Care" has recently been issued, dealing with the physical defects of children between the ages of 2 and 6, and teaching the mothers to recognize these symptoms and to understand the simple laws of hygiene. The "little mothers" of our large cities, whose playtime is wholly absorbed by the care of their younger brothers and sisters, the boys and girls who carry heavy bundles about our city streets, and the farm children, who are often required to work in fields and gardens too long a time under a blazing sun, are frequently stunted in their development during the years of growth when rest and play are their most important requirements for good health. In calling the attention of parents to this flagrant example of child labor, the Children's Bureau points to the fact that if a child in his growing years is made a beast of burden, in maturity he almost inevitably joins the ranks of the physically unfit and becomes a serious factor in racial decay.

Venereal Disease Control.

The federal government will expend a million dollars, through the State boards of health, on venereal disease control during the fiscal year ending June 30, 1919. An officer of the U. S. P. H. S. will have charge of the work in each State in co-operation with the State health officer. The activities will be as follows: securing of reports of venereal infections; control of those infected, so as to prevent further spread of the diseases; establishment of free venereal clinics; suppression of vicious conditions that favor the spread of venereal infections, and carrying out of a systematic educational program for the general public as well as for those who are infected. The same act

of Congress that made available this sum for expenditure gave authority for the establishment of a new division in the Public Health Service, to be called the division of venereal diseases, and also granted authority to the Public Health Service for the regulation of the interstate travel of venereally infected persons.

Venereal Disease in Massachusetts.

Assistant Surgeon General Allen J. McLaughlin, U. S. P. H. S., outlines a statewide plan for the prevention of venereal diseases. He calls attention to the fact that a complex program is necessary if a successful campaign is to be waged against these diseases. Such a program, to be handled directly by the health departments; and the other a moral, social and economic problem which to a great degree can best be handled by other agencies than the health departments. Certain essentials of the program are indicated. Free diagnostic facilities such as Wassermann Laboratories should be established. Free treatment facilities should also be offered. In Massachusetts this is being accomplished through "State approved" venereal clinics situated at convenient places throughout the State. These clinics serve not only as centers for treatment but also for the distribution of free arsphenamine. Certain minimum requirements for these dispensaries are described such as equipment, personnel, records and laboratory service. Emphasis is laid on the educational value of these dispensaries and on the need of general educational effort to impress upon the public the importance of the subject. This may be done through lectures, placards, etc. Repressive measures for the control of prostitutes are also necessary and here is needed the co-operation of the legal authorities.

Under the heading "measures which require legislation" may be grouped, according to the writer:

(1) Reporting of venereal diseases; (2) Elimination of quacks; (3) Counter-prescribing in drug stores; (4) Examination and treatment of prisoners.

The method of reporting which seems most likely to succeed is based on the so-called West Australian system. Infective cases are reported by number but with the additional proviso that they are to be reported by name if the patient fail to continue treatment.—Public Health Reports.

Medico-Legal Items.

"Accident"—Loss of Sight.—The Kentucky Court of Appeals holds that loss of sight in an eye from embolus due to the insured's general condition, but possibly aggravated by his intentionally lifting goods, is not covered by a policy insuring against injuries sustained through accidental means, and resulting, exclusively of other causes, in disability.—Salinger V. Casualty & Fidelity C. (Ky.), 198 S. W. 1163.

Agreement Not to Practice in Locality.—The Kansas City Court of Appeals holds that a verbal contract whereby one physician sells his house and practice to another and agrees not

to practice medicine in the future within a distance of ten miles is not invalid as not being supported by a sufficient consideration; refraining from further practice in the territory designated being one of the effective inducements to the purchase of the house. Where such contract was carried out by making a conveyance of the house, the deed reciting nothing in relation to the agreement concerning the medical practice, in a suit for an injunction to restrain the seller from practising of such verbal contract was held not inadmissible as varying a written contract, the written conveyance not purporting to contain all the terms of the parol agreement.—*Scott v. Asbury (Mo.)*, 198 S. W. 1131.

Book Reviews.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

"A Diabetic Manual" by Elliott P. Joslin, M. D., Assistant Professor of Medicine, Harvard Medical School; Consulting Physician, Boston City Hospital; Collaborator to the Nutrition Laboratory of the Carnegie Institution of Washington, in Boston, Major M. R. C. Illustrated, 187 pages. Lea & Febiger Co., Philadelphia and New York, 1918. Price, \$1.75.

The author has presented here a book for the patients and a work of reference for the physician. He endeavors to secure a better co-operation between physician and patient.

The book is divided into four parts:

Part One is an introduction to the subject for the patient. The fundamental principles of foodstuffs, caloric values and the metric system are explained in simple form.

Part Two takes up the subject more in detail. The caloric values of the normal diet are taken up and a comparative diet list of the normal and diabetic individual is given. Several chapters are given on the general hygiene of the diabetic patient.

Part Three considers diet tables, receipts and menus which are all very important factors in the treatment of the disease.

Part Four deals with the common tests for sugar and acid bodies in the urine, sugar in the blood and carbon dioxide in the alveolar air.

Although the author has intended the work to familiarize the patient with the subjects, the text is so well presented the physician will find many points of interest and value in this little volume. Reeve L. Ballinger.

"The Composition of Certain Patent and Proprietary Medicines." Compiled by John Phillips Street, Chemist in charge of Analytical Laboratory, Connecticut Agricultural Experiment Station. 274 pages; more than 2,500 remedies; over 3,100 analyses. American Medical Association, 535 North Dearborn St., Chicago. Cloth, \$1.25 postpaid.

During the past few years hundreds of "patent" and proprietary medicines have been analyzed with the object of giving the public information that would be of vital interest to

it. This work has been done by federal and state officials and especially by the chemists of the American Medical Association. The information, unfortunately, has been scattered through many publications and, for this reason, has not been easily accessible either to the public or to officials. The purpose of Mr. Street's compilation is to remedy this difficulty, in a measure, by bringing together in one work an accurate record of published analyses. The book contains analyses (one or more) of over 2,500 proprietary medicines, including the most widely used and extensively advertised products offered to the American public. The analyses are published without comment and without prejudice and the compact form in which they are presented should prove of great usefulness to the physician, the pharmacist, the inspection official and the intelligent layman.

"A Manual of Otology" by Gorham Bacon, A. B., M. D., F. A. C. S., formerly Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York; Aural Surgeon, New York Eye and Ear Infirmary; Consulting Otologist, Roosevelt Hospital, Hospital Ruptured and Crippled, Minturn Hospital, New York, and Vassar Brothers' Hospital, Poughkeepsie, N. Y. Assisted by Truman Laurance Saunders, A. B., M. D., Assistant Physician of Laryngology and Otology, College of Physicians and Surgeons, Columbia University, New York; Aural Surgeon, New York Eye and Ear Infirmary; Attending Aural Surgeon, Minturn Hospital; Assistant Surgeon, Department of Laryngology and Otology, Bellevue Hospital, New York. Seventh Edition, Revised and Enlarged, with 204 illustrations and two plates. By Lea & Febiger, New York & Philadelphia. Price, \$3.

"The Proteomorphic Theory and the New Medicine." An introduction to Proteal Therapy. By Henry Smith Williams, M. Sc., M. D., LL.D. Member of the National Committee for Mental Hygiene, and of the Hygiene Reference Board of the Life Extension Institute; Successively Pathologist to the Iowa State Hospital at Independence; Assistant Physician to the Blackwell's Island and Bloomingdale Asylums, and Medical Superintendent of the New York Infant Asylum and the Randall's Island Hospitals, New York City. Published by The Goodhue Company, New York.

REPRINTS RECEIVED.

"Speech-Reading for the War Deaf," by Clarence John Blake, M. D.

"The Conscientious Objector," by Louise I. Morgenstern.

"Things Are Not Always What They Seem," by Alice N. Trask.

"The Serviceability of Visible Speech," by Charles W. Kidder.

"The Partially Deaf Child; A School Problem," by John D. Wright.—*The Volta Review*.

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HOSPITAL STANDARDS.

Address Delivered at the 152nd Annual Meeting
of The Medical Society of New Jersey
at Spring Lake, June 26, 1918.
Stenographer's Report.

By PROF. JOHN M. BALDY, M. D.,
Philadelphia, Pa.

I am in a difficult and embarrassing position. I am listed on the program to speak about State Medical Societies and Legislation, and now your chairman has introduced the subject of hospitals and says that I will speak on that subject. If I speak on both subjects I would occupy more time than I should—time that you would enjoy better at the table. The hospital situation is very near to my heart and it is without difficulty that I speak on that subject because there is so much to be said. There is this to be said in regard to hospitals, that the general trend is fairly good and most hospitals are in the line of development. This is true, though those working at improved conditions do not always look over the whole field comprehensively. Those who are surgeons must realize that you are pioneers in hospital work. The hospitals made surgeons because they early provided facilities by which a surgeon could be developed. You can recall the time when there were no hospitals except in the large cities, and most of the surgical cases were referred to surgeons in the large cities. If you look over the field now you will see that every large or fairly large community has a surgeon and a hospital; not only a good surgeon, but a capital surgeon. What has occurred? Why has this change occurred? It has occurred during the last fifteen years and it is very seldom that anybody analyzes the reason. As a matter of fact the surgeon has brought it about. If you will look into the matter you will find that the surgeon after he observed what was being done in

the cities, went home and began to work with his board of managers to convince them that he needed an operating room. At first operating rooms were not very elaborate, but they developed very promptly and now that is changed; the operating room is in the best part of every hospital. The surgeon developed because the operating room gave him the opportunity to develop. What about the internist? The internist is in the same position that the surgeon was fifteen or twenty years ago. Those who have it in them to make good internists have not had the opportunity to develop. There are very few communities that have a good internist. Patients needing a good internist are referred to the teaching centers and large communities. The internist has no tools. Give him good tools and he will develop himself as did the surgeon, so that every community will have one or more good internists.

What is the basis of a good internist? The laboratory. It is impossible without a laboratory to develop an internist into what he is capable of developing into. Every community needs a laboratory and it is largely for the benefit of the community itself that we have a right to demand it. What have we in the way of laboratories in Pennsylvania? There were but few first-class laboratories in the State a few years ago; there were only 15 or 20 pathological laboratories altogether. Many institutions had pretenses and had an interne doing the work; he was their main reliance. That was the situation so far as scientific medicine was concerned. Of all the hospitals in Pennsylvania there is not one now that has not a laboratory. In saying that I do not say that all are satisfactory to the State administrators or to the staff men, but they have an equipment which is fairly good. They have an equipment sufficient for clinical medicine, leaving out research and advanced work. All have trained laboratory

workers though all have not full time pathologists. One cannot expand the work of a State from fifteen or twenty pathologists to 250 in a few years. But now we see men who long to devote themselves to scientific work and we see men giving up clinical work and visiting the best laboratories for short courses and preparing themselves for the future. We find many institutions now having laboratories and we find that hospital managers have the same idea about laboratories that they formerly had about the operating room. They are told plainly that without a laboratory they have no right to exist. They are told that the public will be prejudiced against them and will not support them. We say if you wish to be sanatoria make an appeal on the basis of being sanatoria where patients are well cared for, well fed, etc., but that is the only basis upon which you have a right to expect support. You have no right to call yourself hospitals and to appeal to the State and to charity; you must not attempt to camouflage yourselves. In other words we say you are dishonest administrators of funds. When a hospital did not comply we have used publicity mercilessly. We say you must establish a laboratory and we follow them up to see that it is done. The trouble with most reforms is that there is no follow up. When we tell a patient to take medicine, if we expect to get results from the medicine, we must see that the patient takes it. The follow up idea is growing and it is absolutely essential in any reform, and especially in hospital reform. If you send word to a hospital that there is a defect which should be corrected and let it go at that, the matter will pass out of mind, for they have had many such complaints and no one has ever followed them up to see that anything was done; so they feel that they can let it go with impunity. To follow up does not mean to write to ask what the equipment is. If you do that they will look up a book or catalogue and give you a complete list. You must go and see for yourself and you will often find a great difference between what they say they have and what they really have. It is not that they mean to be dishonest, but they have indifferent people in the institution and they do not know and they lack initiative in carrying things out and following them up. For instance you may find that the communication that has been sent them has been dropped in the waste basket. It is a common thing to find that the superintendent thinks he is the only thing and assumes

to emphasize as of no importance communications sent to the board of managers. We caused 50 or 60 changes in superintendents of this type in Pennsylvania last year. When we found our communications were not heeded we went to the hospital authorities and said "your superintendent is not doing the right thing." The hospitals are supposed to have competent men in charge, but boards of managers do not always know the facts, so we say to the board of managers that we have received no reply to our communications and that they had better look to the cause. This usually sets them thinking and shortly there is a vacancy. The superintendents are the easiest part of the whole proposition to handle as a rule, for most of them really want to do the right thing. There is the tendency to fall into a rut and to let things run along. If we can open their eyes and arouse them to action it is the proper thing to do. If not get rid of them. I have found little difficulty with the boards of managers in Pennsylvania; if we do have difficulties with the boards we shut down on their funds. This only occurred early in our activities.

We medical men are sometimes gross offenders; we are standing in the way of progress in our own buildings. We think the hospital is our private institution. The hospital is for the public and we are there in the hospital like any other employee, and hold the same relation as any other employee. We should see that the rules governing the institution are proper ones and we should then be the first to obey. Until we educate ourselves there will be no reform, whether the boards of managers wish it or not; it is up to us and we cannot shirk our duty. No business can be run without books, and a hospital cannot be run without properly kept records any more than can any other business; not only on the business side, but on the scientific side. The doctor walks into the ward and says, "Yes, continue the treatment." He then walks out. Now, what has he done for the young interne? What has he done for the patient? What has he done for the institution? If you really know what is the matter with the patient, what is your objection to putting it down on paper? If you have not accomplished anything by the treatment why do you object to putting down the changes observed in the patient and what you expected to accomplish by the treatment. Have your records from your pathological laboratory. If you do not have well kept records we think you have a defunct institution.

The day has long gone by when we look upon a hospital as simply a place in which to care for the sick. The primary object of the hospital is the care of sick, but there are other functions that go with this. The education of the coming medical men, of the staff men, of other doctors in the town and of the people of the community as to what the proper practice of medicine is, is also the function of the hospital. We know that the proper practice of medicine is not merely the writing of a prescription; yet that is largely what is done. From time to time a man writes against this way of practicing medicine, but what he writes is quickly forgotten and we soon fall back into the old way. Without the educational feature as a safeguard it is absolutely certain that the patient is not well cared for. There was a time when people objected to being used for demonstration purposes, but now they realize that they get better treatment where they are used for demonstration. We all know that the poor receive better treatment than those who are better off, and now the laity has found this out and the rich now seek the hospital, whereas they formerly shunned it. They now realize that they will receive better care in the hospital than elsewhere. We often find people in the dispensaries well dressed and able to pay for medical attention. If you ask them why they are there they will tell you that they are perfectly willing to pay, but that they have floated from office to office and from place to place and they have not been helped, and they feel that the institution would not employ a doctor who was not good. That is the intuitive knowledge of the laity that in the institution they will get better care, unless they are sufficiently well-off to stand all kinds of expense. Is it not one of the best things in the world to have the people know what they should demand? Any person who sends a servant to an institution and sees the laboratory tests that are done and the intensive study given the case is not going to have himself treated by prescription writing.

So much for educating the community. Educating one's self and the other members of the profession to be better practitioners of medicine is another point. For this the laboratory is absolutely a *sine qua non*; it is not only important, it is the salvation of the practice of medicine; it is the educator of the future internist. We have organized medical education so that the first two years are being given over to laboratory work to lay a foundation for clinical deduc-

tions. These young men who have been trained in the laboratory go out into small towns and find no opportunities to practice medicine as they have been taught, and what can they do? What reaction takes place? They soon lose their interest and the important thing seems to be to make money. See that every young man when he starts out has the facilities to do those things that he has been taught to do; see that he can practice medicine along the lines that have been taught.

Then again we hear the complaint that men cannot be found for the laboratories in small towns. When I hear that I ask who is the last young man who has come to your town? Take the last young medical man, graduated from a good school, who has come to your town and put him in your medical institution and he will work hard for your institution. These young men are always glad and proud to be asked to come into the institution and they come to work. They have come out of an institution and they know how to work in an institution. Give them this opportunity to develop themselves and the institution and they will carry to the older men the strain of competition. In this way a comparison of the character of work done by the different men may be brought to the notice of the board of managers and the weak man will be exposed, and they can do away with him if he does not improve himself. The medical man on the hospital force, who produces results is of educational value to the staff, the students and to the interne, and he is an incentive all along the line. The business man recognizes that competition is the life of business and competition is also the life of medicine. Lack of competition drags a man down, but competition gives him hope and builds him up. Work hard for your laboratory. Every hospital, even the smallest, can put in a laboratory at a cost of \$1,000. If a hospital cannot afford \$1,000 for a laboratory, it goes without saying that it is not in a position to do good work in any other line and it should close its doors. It is too poor to be a hospital.

The laboratory technician is not a great expense. The girl who comes from college may easily be competent to do the laboratory work in spite of the saying that this is an encroachment on the medical profession. The laboratory work is primarily technical work. It may require a scientific man in certain instances, but most of the work, even up to the Wassermann, can be done by a layman. Even the pathologist sometimes

has difficulty with the Wassermann tests, and a properly trained and educated layman can make the tests as accurately as it is possible to do. It takes a trained person to read the results, but a technical assistant can learn to do the technical work and you can get such an assistant for from \$50 to \$100 a month, practically for what you pay a nurse. It is too much to expect to have a full time pathologist in a small institution, but one can have such a full time man in a large institution. Again a competent pathologist can handle two or three laboratories in a small town. Since the work in a laboratory can be done by a technician, some arrangement can be made in small towns whereby the slides, etc., may be sent to a neighboring town, where there is a pathologist, who will read the slides and interpret the results until such a time as the smaller institution can afford to employ a pathologist.

I have recently had a communication from the Council on National Defense suggesting for hospital internes one year in the laboratory instead of one year in the hospital; the laboratory element is so essential for the army work. The outcome was that we took it up with the hospitals and said we would accept no man from a hospital which did not send its internes to the laboratory for a full two months' service and that we would hold to this standard without deviation; in spite of the war, we would accept no reduction of this time, and while in the laboratory service he could do no other work but laboratory work.

No interne service should be accepted where the interne does not have time to have a laboratory service absolutely under the control of the man in charge of the laboratory. The superintendent of the hospital should have no power to give orders of any kind that would interfere with this laboratory work. The interne should be held strictly to this work, and there is nothing in work performed in a laboratory that he should not be taught. His results should be checked up with those of the laboratory technician and see where he is wrong. Many laboratories do not do any physiological chemical work or make examinations of milk and water. The latter is one of the important functions of the laboratory and a service that they owe to the public. How many men on boards of health are prepared to make these examinations? The hospital laboratories should send out men who are fitted to serve on boards of health. There is no excuse for the laboratory failing to make

bacteriological and chemical examinations of milk once or twice a week. This is a proper service to the community, and if the laboratory does not give that service to the community how can it ask the community to support it? In Pennsylvania two months is the minimum time the interne must spend in the laboratory and that service must be uninterrupted and records must be kept. This is very important. If I am able to attend to my patients I am able to keep records. It is no excuse to say that I am too busy. If I am too busy to do the work as it should be done, I am too busy to be on the staff of the hospital and I should resign. To keep going under such a regime and to hold two or three hospital positions is an outrage to the patients and to the internes.

SIMPLE OPERATION FOR DOUBLE INGUINAL HERNIA; ONE INCISION; SOME OF ITS ADVANTAGES.*

BY DANIEL T. WINTER, JR., M. D.,
Jersey City, N. J.

The incision is made in the median line just above the pubes, about three inches in length, goes down through the skin and superficial fascia. The fascia is then separated from the aponeurosis of the external oblique, at which time the external ring is exposed. With a blunt scissor, split the aponeurosis of the external oblique, the full length of the inguinal canal.

The cord and its associated structures are readily lifted from the canal, at which time it is very easy to reduce the hernia, separating the sack from the cord. The sack is then ligated and removed. The cord is then held to one side, and the aponeurosis of the external oblique is sutured to Poupart's ligament. After the suturing is completed, one layer of No. 3 Chromic Catgut being used, the cord and its associated structures are allowed to lie in their new bed. Without making a new incision the same is done on the opposite side. The operation is completed by closing the skin in any of the usual methods.

The advantages of this operation are, rapidity—as it can readily be accomplished in fifteen or twenty minutes, the accessibility of both sides from the one incision, the absence of an anesthetized area of skin in the lower part of the abdomen, due to the cutting of filaments of the ilio hypogas-

*Read before the Aesculapian Club and also the McCain Club of Jersey City, N. J.

tric, or ilio inguinal nerves. It also permits doing either a double or single hydrocele, or varicocele, etc., at the same time and through the same incision if necessary.

I have done about four hundred hernia operations in the past two years by this method, and to the best of my knowledge, with but one recurrence; 90% of these having been compensatable cases, would have reported back to me if there had been any subsequent trouble.

PNEUMOCOCCAL INFECTIONS OF THE EYE.*

By T. RICHARD PAGANELLI, M. D.,
Hoboken, N. J.

The Ancients knew of inflammations of the eye under the general term "Lippitudines."

There are various forms of ocular inflammations, especially of the conjunctiva; therefore, it is well to remember that in practice we seldom find the typical forms of which we read; more often one form is associated with another, the infection presenting a mixed character.

Good judgment, combined with a large clinical experience is necessary to enable one to make an accurate diagnosis, and to indicate the treatment for each individual case.

Before bacteriology played any part in determining the exact cause of filogisti of the eye, they had their favorite drugs, and were used as a result of enormous clinical reasearch; bacteriology, however, made it possible to know definitely what to use in inflammations of known cause.

The bacterial filogisti of the conjunctiva are divided into two groups. The specific and the non-specific.

The specific relates to the infection due to the Gonococcus.

The non-specific relates to the infections produced by all the other organisms.

Casparrini in 1895 was the first to find the Pneumococcus on the normal conjunctiva.

He found that 80 per cent. had the organism in a virulent form.

The pneumococcus is universally distributed.

Pneumococcal Conjunctivitis appears more prevalent in Northern countries and during the colder months.

A few cases are on record where it was associated with a pneumonia, however I am

of the belief that it may have, simply co-existed as a co-incidence, there being no common association.

In acute pneumococcal conjunctivitis the onset is sudden, both eyes are affected, as a rule, the inflammation developes rapidly, both the palpebral and bulbar conjunctiva becoming involved. There is redness, pinkish edema of the lid margin (held by some to be a distinguishing characteristic), profuse secretion, indistinct hæmorrhage, on the upper bulbar conjunctiva, and a slight membrane is found in the transitional folds.

The disease usually ends in a crisis, not unlike a pneumonia of the lungs.

Chronic Pneumococcal Conjunctivitis is very rare and if found, it is usually secondary to a dachryocystitis or a stenosis of the nasolachrymal duct.

Epidemic Pneumococcal Conjunctivitis occurs, but not as frequently as epidemics produced by the Koch-Weeks Bacillus.

It makes its appearance usually in the spring of the year, attacking mostly children. The smears show an abundance of pneumococci which grows on blood agar in pure culture.

Casparrini holds that the pneumococcus as a cause of non-specific *ophthalmia neonatorum* occurs but rarely. The disease runs a milder course than the Gonococcus and with fewer complications.

Bardelli reports a case of *iritis* complicating a pneumococcal conjunctivitis from the absorption of toxins and Casparrini states that it frequently occurs in the early stages of the conjunctivitis outlasting the conjunctivitis itself.

Ulcus Serpens, one of the most dangerous diseases of the eye, invariably results from some trivial injury, such as a foreign body in the cornea, clumsy attempts at removal by laymen, an abrasion, etc., etc.

The breach in the epithelium is invaded by the pneumococcus often resulting disastrously. The sufferers are usually debilitated adults or those having a dachryocystitis.

In cases of *dachryocystitis* the most common organism found is the pneumococcus, whether in adults or infants.

The chronic precedes the acute attacks. The sac is inflamed and filled with decomposed secretion. If the epithelium is at all defective the organism penetrates the submucous tissue and exites the suppurative dachryocystitis.

Wound Infection of the eye, whether surgical or accidental is frequently caused by the pneumococcus; but can usually be traced to a diseased sac.

*Read before the West Side Clinical Society of New York.

Cases of *tenonitis, optic neuritis, retinitis, choroiditis and metastatic ophthalmia* have been recorded, due to the pneumococcus.

The infection is endogenous, the germs are carried by the blood stream to the vessels of the eye by a capillary embolus, where they are deposited, effecting the retina oftener than the uvea.

INDOL AMBLYOPIA.

BY T. RICHARD PAGANELLI, M. D.,
Hoboken, N. J.

I use the term Indol Amblyopia instead of Toxic because I feel that Indol is responsible for the disturbance and because it distinguishes it from Amblyopia due to alcohol, tobacco and diabetes.

The putrefaction of proteins by the action of bacteria in the intestinal tract or outside of it causes the formation of indol. Indol that is excreted in the urine is first subjected to a series of changes within the organism and is subsequently eliminated as Indican (Potassium Indoxyl Sulphate).

The indican contents in the urine is only a rough indication of the extent of putrefaction going on, therefore, even if a small excess is found in the urine it should be seriously regarded.

In what conditions or diseases do we find indican to excess: In hyperacidity of the stomach as in carcinoma of the stomach, diminished motor power of the stomach and intestines, ileus, peritonitis, empyema, xanthematous diseases, decayed teeth, etc.

While I am not prepared at this time to give an opinion as to how they all affect the vision, I am prepared to report one case, a child, four years old, who contracted a severe infection of measles and who during the eruption, which was severe, complained of intense headache for a few minutes a day for two days.

When the eruption completely disappeared she was permitted to get up and it was noticed that she bumped into articles of furniture. I examined the child and found a retro-bulbar optic neuritis in both eyes, with some changes about the macula in the left eye.

I reason that putrefaction of proteins in the skin by action of bacteria produced the indol, this circulating in the blood affected the optic nerve.

The urine of this child showed an excess of indican after the disease, but I have every reason to believe that there was an excess before, during and after the eruption.

The observation of Dr. Lynah is interesting at this point, he said that he predicted an antitoxin rash by the presence of an excess amount of indican in the urine.

By Indol Amblyopia is meant a condition whereby the person's vision is gradually reduced by the absorption into the blood of such poison as indol.

The chief complaint is of seeing foggy, diminished vision, pain referred to the globes, frontal headache, vertigo and lack of mental concentration. Both eyes are affected, the right to a greater degree, and males more than females.

As the cases with this malady are usually people above middle life, the majority of them had an arterio-sclerosis co-existing.

On ophthalmoscopic examination I found the vitreous cloudy, papillitis and optic neuritis, complicated with an arterio-sclerosis.

The diagnosis is made by the ophthalmoscopic findings just mentioned, together with a urinalysis which shows an indicanuria, but the most significant sign is, that there is no scotoma for red and green.

The Prognosis.—Guarded.

Treatment.—In treating this affection it is important that the origin of the cause be borne in mind, and the treatment directed toward the origin.

PATRIOTIC ADDRESSES.*

LIEUT.-COL. F. F. SIMPSON, M. C., N. A.,
Chief of Medical Section, Council of National
Defense, Washington, D. C.

This nation is rightly and irrevocably committed to such a victory as will insure enduring peace with liberty. That means that every man, woman and child in America must render to the nation the maximum service of which he is capable.

When Mr. Cassatt, President of the Pennsylvania Railroad, was preparing to consider building a tunnel under the North River, he first considered the difficulties and the cost and then he decided to go ahead. The President and the people of the nation have considered the difficulties and the cost of war and have decided to prosecute it as vigorously as possible.

Let us for a moment review the problem as it stands to-day. In order that we may fully estimate the responsibility placed upon the medical profession we should study our enemy's objective and prepare to strike a harder blow and to strike it first and last.

*Delivered at the 152nd Annual Meeting of the Medical Society of New Jersey, Spring Lake, June 26, 1918.

Clearly Germany's objective is to utilize the man power and resources of Russia and to deliver a stunning blow to France and England. If she were able to drive a wedge between the French and British armies, she might be able to over-run France. If that could be done then England alone would stand between Germany and America. She would then concentrate her entire energy upon the destruction of England with the hope of taking the British fleet and Canada; her ultimate purpose being to bring the war to this side of the Atlantic. For the consummation of her purposes she expects to rule Russia with an iron hand and to use her man power and resources. Our job is to recognize the full significance of her plans and to so direct our energies as not only to thwart them but to deliver a crushing blow before she can carry them into effect. That is a full size job, but with the unified control of allied affairs and the unstinted use of allied brain, man power, money and material resources, a decisive blow is certain; but to strike that blow surely and effectively the unstinted use of all our resources is essential. The nation is making such preparation. A few months ago our Army consisted of 1,500,000 men. By the first of August we will have 3,000,000 men under arms. The President recently asked why stop at 5,000,000. Congress has given him power to add to the Army without limit. If we do one-half as well as England has done, we will have 8,000,000 men under arms in less than eighteen months more. Does anyone believe that in this crisis of the world's affairs America is going to do less than her full share? What does that mean to the medical profession? In times of peace 7,000 doctors are required for every million soldiers. In times of war 10,000 doctors are required. About 30,000 have already entered the service. The striking force of the nation must have all the medical men it requires. In less than one year more than 50,000 must be in the Reserve Corps. That means that additional doctors must respond from every State and every county in the Union. We have no doubt whatever that the medical profession will meet every demand made upon it by the Army and it will be done voluntarily.

When 50,000 doctors are taken from civil practice, essential institutions and industries will be seriously embarrassed. The shoe must and will pinch, but the medical profession will have to meet the situation in a big, broad, unselfish, patriotic way. Essential institutions must be cared for. Essential industries must be cared for. The doctors

who remain behind must work harder and do more for the common good than they have ever done before.

It is up to the civil profession through the Volunteer Medical Service Corps to care for all civilian needs. Rest assured that the Surgeon-General will make the best possible use of the man power that goes into the armed forces. Let me say to every mother, father, sister and sweetheart what General Noble said of the internes of the war hospitals. The internes of the war hospitals consists of the chiefs of staffs of civil hospitals. In the civil hospitals we have as internes young doctors who have just graduated, but in the military hospitals we have the great specialists who are on call and available twenty-four hours out of every day. It is not the young doctors who care for soldiers, but the mature men of capacity.

Along with the readjustment of industry there must be a readjustment of civilian medicine and medical institutions to meet the needs of war. We may rely upon the patriotism of the medical profession to meet the added burdens and responsibilities placed upon it.

There is another matter to which I would direct your attention. In this country Germany has an invisible army. No man respects more than I the citizen of Teutonic extraction who is loyal to his nation, whether he be naturalized or not, but there is another class of Teutons who have been sent into this country as spies. Loyal Teutons like other loyal citizens have complete contempt for these despicable individuals. In other countries Germany has used spies and propaganda for the purpose of disarming nations. Let us see to it that such methods gain no headway in this country. In other countries and in this country spies have an insidious way of appealing to the best sentiments of men and attempts are now being made in this way to undermine the strength of our nation. By such methods was the Russian Empire dismembered. By such methods did she strike a stunning blow to the morale of the Italian Army and the Italian people. For a moment they were taken off their feet but pride, patriotism and morale of the people was soon crystallized with such firmness that they will never again be duped by such deceptive agencies. The same thing is going on in this country and wherever you see any reference to a "Brotherhood of Man" or any other such proposition, put it down with mathematical precision that it was made in Germany.

There is no class of people better able to stamp out such heresy than the medical profession.

The nation looks to the medical profession to so conserve and utilize its man power that it may provide for the civil as well as the military needs of the nation.

ADDRESS BY

MAJOR JOSEPH MACDONALD, JR.,

East Orange, N. J.

You have all listened attentively to the patriotic and inspiring address of Colonel Simpson who has told us the things we should know. I would not detract from the impression he had made upon you by attempting to make a patriotic address at this time. Colonel Simpson told us that there would be 3,000,000 men in arms by the last of August, and that means that we need 30,000 physicians in the Medical Reserve Corps at the present time.

On June 19th there were 19,477 physicians commissioned in the Medical Reserve Corps and in active service, with about 1,000 additional officers on the inactive list made up of internes finishing their services in hospitals and teachers of medical colleges who must be retained for college work to keep up the supply of physicians as far as possible.

Many physicians have expressed to me verbally and in writing "when I am needed I will offer my services." Gentlemen! there never was a time when your services were more needed than now. There is something more in joining the Medical Reserve Corps than being physically exempt. A very necessary course of training is required and even now the time is only too short in which to supply those 3,000,000 men referred to by Colonel Simpson, with necessary medical officers. President Lincoln during the Civil War said to Dr. Loring, one of your honored members who is present to-day, and when he was in Washington to be examined for the Medical Corps, "young man a great opportunity is offered to you to serve the best country God ever made." If Lincoln was here to-day he would say to you, "This is the greatest opportunity ever offered *you* to serve the greatest and best country God ever made."

We listen with raptures to the enthusiastic remarks of speakers representing the several branches of our service. The aviator will tell you that the flying machine is going to win the war. The navy officer will say "it is the navy that is going to sweep the ocean free from our foreign foe," and

the infantry officer will tell you that it is the man in the trenches who is going to wipe the Boche from the face of the earth, but when you consider that 80 per cent. of the casualties are returned to the firing line as the result of the ministrations of the medical officer, you can readily appreciate how important a large and well-trained medical corps points to success, and the importance which you will play in winning the war.

It is recorded that the State of New Jersey has 3,200 physicians. In reality there are only 2,885 male physicians in our State. Of this number, about 650 are over the age as prescribed by law and about 750 are in the service of their country as commissioned officers either in the Medical Reserve Corps of the United States Army, the Navy or the National Guard organizations. We will not talk quota which New Jersey will furnish, nor the number of doctors which the Surgeon-General requires. Suffice to say that the request is for 5,000 doctors a month for an indefinite period from the profession of the United States, and New Jersey will supply her share. That this is an assured fact is to inform you that there are over 900 doctors in the State of New Jersey of 45 years and under, who have not as yet applied for a commission in the Medical Reserve Corps. In addition to the immediate requirements of the Surgeon-General, it is his desire and in the best interest of the service and for the success of our armies, that a large Medical Reserve Corps in reality should be immediately supplied. From this Reserve Corps the Surgeon-General can draw his quota of men as requirements demand, thus placing those in the Corps to the best advantage of the service and the medical officer.

Young men are especially needed and those who have been commissioned and have not accepted their commission, should explain just why, after applying for a commission in the Medical Reserve Corps, they have failed to accept the honors accorded them.

The medical officer gives much to the success of our cause but he takes more from the service in the way of experience than he could acquire in years of civil work, so while giving that which is needed he is also receiving, in addition to a very liberal pay, something which will prove a most valuable asset throughout his remaining years.

I do not feel that from what you have read in your medical journals, the information which you gained from the lay press

and from the appeal sent to you by the Examining Board, you must realize the necessity of this call and fully believe that the physicians of New Jersey will maintain their patriotic reputation and come forward whether the requirements be for 100 or 1,000 additional officers for the Medical Reserve Corps.

Clinical Reports.

Blood Transfusion in Infants.

Dr. Harry Lowenburg, Philadelphia, calls attention to a method of blood transfusion in infants. Within the last month he had on three occasions effectually done a transfusion in the longitudinal sinus through the inferior fontanelle. In one referred case the child was sixteen months of age with a hemoglobin of thirty per cent, and 1,560,000 red cells. The case was studied along the lines suggested by Dr. Stengel. The baby had had bloody stools for about a year. It was not determined whether this condition was responsible for the anemia or was caused by it. As a last resort transfusion was tried. The hemoglobin had been raised to sixty-five per cent, and the erythrocyte count to 4,800,000. The child had had no bloody stools since the first transfusion. Attention was directed to the procedure as a valuable but much neglected means of intravenous medication.

Retropharyngeal Abscess.

Reported by Dr. J. J. Levberg, N. Y., in the N. Y. Medical Jour.

Baby, A, L., Italian, four months old (breast baby). Mother stated that the baby had been crying for the past eight days, that the cry was harsh in tone and the resonance nasal in character, and that the child could not nurse properly. A physician was called in and upon examination diagnosed it as teething, with slight bronchitis, but still the baby failed to improve. The child's parents consulted three other physicians, who made the same diagnosis. The mother, seeing no improvement, brought the child over to the children's department of the Beth David Hospital, and Dr. F. Shapiro referred her to me for examination of the child's ears. Examination of the ears was negative, but on inspection of the throat I found a bright red asymmetry of the pharyngeal structures and upon palpation felt distinct fluctuation. I advised operation, and upon a free incision obtained a profuse, greenish, fetid pus. The next day I found child greatly improved and mother informed me that child slept quietly and nursed more freely. Child fully recovered.

Coronary Thrombosis.

Dr. George Dock, St. Louis, reported this case at the annual meeting of the American Physicians at Atlantic City:

The patient was a man of sixty-one who had never had occasion to consult a doctor for any illness and had been doing active work for forty years. He held an administrative position at a university. He ate heavily, but took little exercise. He was apparently vigorous, but was

arteriosclerotic. He denied syphilis, and had no scar, but the Wassermann was plus and it was found that he had a marked arteriosclerosis. After a Christmas dinner he was returning to his house and climbing a small hill, when he felt a very severe pain radiating down the left arm and was obliged to stop. The physician who attended him said it was angina pectoris and high blood pressure, and gave him nitroglycerin. The man went to work until January 6th, when he had another attack and was brought to the hospital. He had air hunger to a marked degree and the larynx worked with extreme violence. Morphine and atropine relieved the symptoms. He did not recover from the orthopnea. Later he developed hydrothorax. Doctor Robinson took the electrocardiogram and without showing that a diagnosis of coronary thrombosis had been made, stated that the absence of the T-wave would suggest coronary obstruction. The patient died of double hydrothorax twenty-three days after the first attack of angina pectoris. Post mortem examination showed very marked syphilitic arteriosclerosis.

Sarcoma of the Choroid.

Reported by Dr. D. F. Harbridge, Phenix, Arizona.

Case 1: Through the courtesy of Dr. Zentmeyer, while I was first clinical assistant at the Wills Hospital, Philadelphia, I was able to observe this case almost from its inception. The patient was a railroad engineer, aged 49 years. During the two years preceding his visit he at first noticed a blurred spot in his field of vision. This later became a well defined positive sarcoma. There was present in the fundus, between the papilla and the macula a mould-like swelling or gibbous protrusion of about the diameter of the disc. Enucleation was advised but declined. In Zentmeyer's recent report of this case secondary glaucoma supervened seven years after the initial symptoms, at which time the eye was removed. Sections by Brinkerhoff showed that the growth was a mixed cell melanotic sarcoma in which the spindle cells vastly predominated.

Case 2: First seen November 28, 1905, at my clinic at the Chester Hospital, J. S., aged 50 years, telephone lineman, complained of lost vision in the right eye, it having practically entirely failed two months previous to his visit. At times there were present rainbow colored lights. No pain or redness or unusual appearance of the eye had been observed either by the patient or his friends. Examination showed a perfectly quiet eye, T. plus 1?. Pupil larger than its fellow, but responsive to light stimulus. Light perception, but distinctly in projection. With oblique illumination the anterior chamber was slightly shallowed, a moderate ciliary injection, and from the pupillary area was emitted a grayish reflex. By trans-illumination a large dense shadow was obtained from the nasal half of the globe. With the ophthalmoscope no view of the fundus was obtained; vessels however, were observed on the detached retina.

The left eye was in every way normal. A diagnosis of tumor of the choroid, or ciliary body, probably sarcoma, was made. The eye was enucleated nine days later. Shortly after operation the patient was discharged with a healthy orbit and no evidence of sarcomatous involvement in any part of the body.

Dr. C. I. Stiteler of Chester has within the past few days examined this patient and writes me that at the age of 61 years, eleven years after the operation, he can find no evidence of recurrence. Dr. W. C. Finnoff, Denver, Col., after pathological examination, gave the diagnosis: Small spinal cell melanotic sarcoma arising from the lamina fusca choroidea.

Large Tumor of Brain; Patient Survived Removal Over 30 Years.

Dr. W. W. Keen, Philadelphia, presented report of this case at the meeting of the Philadelphia College of Physicians, as reported in the Medical Record.

The patient, a man aged twenty-six, had consulted Dr. Keen in May, 1887. When three years of age he had fallen out of a window, striking his head. The skull on the left side was indented and operation disclosed detachment of a small fragment of bone from the inner table without fracture of the outer. Twenty-one years after the fall violent epileptic attacks ensued, followed by intense pain in the head. Paralysis of the right arm, leg, and face had ensued in April, and by August the man had become totally blind, with some intermittence, however, of vision. Some improvement in the paralysis occurred when first seen by Dr. Keen. Operation was performed December 15, 1887, following a course of treatment of potassium iodide. The initial opening was enlarged to $3 \times 2\frac{1}{2}$ inches, with the upper margin $\frac{3}{4}$ inch from the midline. The tumor dipped behind the squamous portion of the temporal bone for $\frac{1}{2}$ inch. The dura was adherent to the brain except at the margin of this large opening. The dura was incised $\frac{1}{4}$ inch from the margin of the opening in the bone and the tumor readily enucleated. Hemorrhage was free, but not alarming. The tumor was practically a foreign body, starting at the dura as a result of the constant irritation from the little loose fragment of the inner table broken off at the time of the accident. Every inspiration, and especially every impulse from the throbbing heart, produced a slight movement of this fragment. The tumor weighed 3 ounces 46 grains and proved to be a pure fibroma. Eight days after the operation the floor of the cavity, which was also the roof of the ventricle, evidently gave way, thus opening the roof of the lateral ventricle, and until the fifth week the cerebrospinal fluid continued to escape very freely. At the conclusion of the operation two drainage tubes had been inserted and an abundant gauze dressing applied. The bone could not be replaced as the dura was gone. On the fourteenth day a moderate hernia cerebri, crescentic in shape, had appeared, and from two small pinholes at its middle clear fluid, evidently cerebrospinal, continued to escape until the end of the fifth week. By the seventy-first day the hernia cerebri had subsided until it was nearly on a level with the skull. On the seventy-fifth day this elevation had changed to a deep hollow 5.5 cm. in depth. Twenty-one years after the operation this depression was still present. A striking phenomenon was that whenever the man sat upright, any muscular effort or change of posture, e.g. leaning forward, cause this hollow to bulge about an inch beyond the level of the skull. To protect the brain against injury Dr. Keen had bent a

piece of tin to fit the surface of his head, covered it with black silk, and sewed this to the inside of a skullcap which the patient always wore. Dr. Keen stated that only three cerebral fibromata appear in Bernhardt and Hale White's table of 580 intracranial tumors. An "entirely favorable prognosis" had been given at the time of operation, and thirty years had fully justified it. The patient died on January 29, 1918, and Dr. M. L. Davis of Lancaster, who had referred the patient to the author, at once advised him, and Dr. Aller G. Ellis procured the brain which the patient had promised to Dr. Keen many years before.

Lipodystrophia Progressiva.

Case reported by Dr. B. N. Epler, Kalamazoo, Mich., in a paper in the September Mich. State Med. Journal:

E. G., now seven, one of twins, seen first at two and one-half years, in consultation and since then at intervals. Treatment was of no avail. Nothing was found in the literature at that time on the case, and the diagnosis was not made until later, when interested in the fat dystrophies Spear's case drew my attention.

Complaint.—Progressive emaciation of the face and upper part of the body.

Family History.—Mother 28 when the patient was born, living and well. Father 29 when the patient was born, living and well, somewhat nervous. Grandparents; maternal: died of tuberculosis when the mother was two years old, grandfather died of old age. Paternal, grandfather; living and well.

No history of disturbed fat metabolism or conditions bearing on the case.

Personal history.—Child of third labor, one of twins, the first born, weight seven pounds. The second twin was transverse, weighed six pounds, lived at birth, and was resuscitated only after forty minutes hard work. All labors instrumental because of inertia.

All children are well; two older boys of nervous temperament (may be due to early care).

Patient always active and bright and always fought for herself; nursed to ten months, well until at one and one-half she had measles in light form.

Present Illness.—At two and one-half years the mother noted the thinning of the child's face with a drawn expression. No other disturbance noted, and the child was taken to a physician. No improvement from treatment and the neck, arms and body gradually became thinner and scapulae prominent; the legs were normal, mother considers them plump now.

Present Status.—The child at two and one-half, when first brought to me, looked like a case of malnutrition, with the appearance of a malnutrition infant. Examination was otherwise negative. Saw the child occasionally, no improvement resulted and there was a continual loss of fat. At six and one-half years the examination showed the following:

Bright, interesting, wizened faced little girl; head and face prominently large because of the absence of fat; on smiling the lines of the face became prominent, giving the child a cadaverous aspect.

Eyes, mouth, teeth, gland and neck with the exception of thinness seemed normal; scapulae and ribs prominent, arms thin, buttocks and legs plump and normal.

Skin: color fair; Skin picks up from the muscle and seems normal; Subcutaneous fat absent.

Stool in the gross normal.

Measurements.—Biceps, right 16 c.m., left 15, twin 17 and 16; thigh, right 31, left 31; calf, twin 17 and 16; thigh right 31, left 31; calf 21½, both right and left; chest, 35 mammary, 56 below mammary; waist 50; crest of ilium 55½; anterior superior spine 52; buttocks 56.

Heart, lungs, liver and spleen normal on examination.

Urine.—Blood, erythrocytes, 4,288,000. Haemoglobin 75%. White blood cells 4,800. Color index 80%. Differential Count, Polynuclears, 62%. Transitionals, 2%. Eosinophiles 2%. Slight Poikilocytosis. Small lymphocytes, 30%. Large lymphocytes, 4%. Wassermann, Negative.

Mental Condition.—Bright.

Neurological.—Reflexes, Achilles Tendon, Radial, Biceps, Triceps, Babinski—normal.

Treatment.—The only indication for medicine seemed to be an iron tonic.

Clinical findings of cases reported in literature.

The disease usually begins between six and twelve years of age. Confined to the first half of life and continues until the fat disappears. Larger number of cases reported in Hebrews.

The condition is a bilateral symmetrical one. Gluteal fat may be the first symptom as in the case of a five years old girl, the atrophy beginning at eleven: Atrophy may begin simultaneously with the gluteal fat.

Medical Societies' Reports.

BERGEN COUNTY.

Ralph S. Cone, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held in the Union League Club, Hackensack, on September 10th. Notwithstanding the fact that many of the members are still away on their vacations, the attendance was good, about 30 being present. President Hallett occupied the chair.

Dr. Arcangelo Liva of Lyndhurst was elected to membership. The resignation of Dr. George W. Finke as treasurer of the society, on account of his enlistment in the M. R. C., was read by the secretary, and accepted. Dr. David Corn of Ridgefield Park was elected to fill Dr. Finke's unexpired term.

The meeting being an open one, and the discussion of professional fees being in order, various members expressed their views on the subject of increasing fees to meet the high cost of living. As a result it was regularly moved and seconded that a minimum fee of \$1.00 for office calls and telephone consultations and \$2.00 for house visits be charged. The resolution was passed without opposition.

The following resolution was moved by Dr. I. M. Payne and seconded by Dr. Hallett: Resolved, That any member of the society who has, or obtains in the army or navy medical service a rank higher than that of first lieutenant, shall no longer be entitled to receive 50 per cent. of the fees collected from the patients of the enlisted physician, as provided in the resolutions adopted April 10, 1917; the

present resolution forming an amendment to those adopted at that time. Resolution unanimously adopted.

After still further discussion of the subject, Dr. F. W. Langstroth of Ridgefield Park offered the following resolution:

Whereas, The cost of living as well as all things necessary to the carrying on of the practice of medicine have been continually advancing without any compensating increase in medical fees, therefore be it

Resolved, That an adequate increase in such fees sufficient to compensate for these advances, with double charge for professional services rendered after 6 o'clock P. M., be in effect on and after October 1, 1918, and that official notice of this action be inserted in every newspaper published in Bergen County.

This resolution also was unanimously adopted. After a brief social session the meeting adjourned.

CUMBERLAND COUNTY.

The Cumberland County Medical Society met at the Commercial Hotel, Bridgeton, July 9, 1918. The president, Dr. L. J. Kauffman, occupied the chair. The society is 100 years old this year, having been organized in 1818, but after discussion it was decided to postpone the observance of the centennial on account of the war—so many of the prominent members being in the service.

After the transaction of routine business, Dr. H. G. Miller, of Millville, reported his visit to the annual meeting of the State Society.

There was a valuable and interesting paper by Dr. A. Spencer Kauffman, of Philadelphia, on "The Treatment of the Nose, Throat, Ear and Accessory Sinuses During Acute Infectious Diseases." The paper was discussed by all present.

Dinner was served after the meeting.

The next meeting, which will be held in October, is the annual meeting and will be held at the Commercial Hotel.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The annual meeting of the Summit Medical Society was held at the Highland Club on Friday, September 27, 1918, at 8.30 P. M., Dr. W. J. Wolfe entertaining and Dr. T. P. Prout in the chair.

Present: Drs. Bebout, Campbell, English, Hamill, Jaquith, Krauss, Lamson, Meigh, Moister, Morris, Prout, Smalley, Wolfe, Dengler and Tator, and Drs. Becker and Douglass of Morristown as guests. Minutes read and approved.

Dr. N. A. Falvello of Summit was elected a member of the society.

The Treasurer's report was read and showed a deficit of \$33.63, whereupon an assessment of \$2 per member was ordered.

Dr. Lamson was re-elected secretary for the coming year. The secretary was directed to prepare an article for the local papers calling attention to the scarcity of physicians, due to the absence of many on war service, and requesting patients to send in their calls as early in the day as possible, so as to facilitate the work of those physicians who remained.

The following amendments to the by-laws were proposed:

(A) That the membership be increased from 25 to 27; (B) that, until the war shall be over and the absentees return home, seven members shall constitute a quorum; (C) that an Executive Committee of three, of whom the secretary shall be a member, shall be appointed to manage the affairs of the society.

The paper of the evening was read by Dr. Thomas W. Harvey of Orange on "Gall Stone Disease." He cited a case which had had four operations for relief of jaundice and colic, with removal of gall stones and gall bladder. The patient died after the fourth operation, and on autopsy a general biliary stasis, with gall stones, was found in all parts of the liver, due to an ascending B. Coli infection. The usual discussion followed.

Adjourned and refreshments were served.

Notices of Meetings.

Academy of Medicine of Northern New Jersey.

The Stated Meeting of the Academy will be held in the Board of Health Auditorium, Newark, October 16, at 8.45 P. M. After regular business and the election of members, Prof. R. G. Snyder, Visiting Physician to the City Hospital, Manhattan, will read a paper on "Classification of Nephritis, Prognosis and Treatment." The Section on Eye, Ear, Nose and Throat will transact regular business. There will be report of cases and a paper—subject and author to be announced on Section postal card. Treasurer F. R. Haussling presents his report for the year ending April 30, 1918, showing a balance on hand of \$320.78. The program says:

The Council feel it their bounden duty to uphold and sustain the Academy as Trustees for the membership "in the Service," so that upon their return to medical work in the community, they will find the Academy ready to proceed in the work for which it was founded. To accomplish this result, they deem it best to concentrate all their efforts and hold but one meeting a month; this meeting to be a "Stated Meeting" at which all sections shall be called upon in turn, to report interesting cases and read papers. Therefore it was resolved: that the day of the one Meeting will be the 3rd Wednesday of each month, excepting as it may be necessary for the convenience of an essayist or other unforeseen circumstance.

American Public Health Association.

The annual meeting will be held in Chicago, October 14-17. Special war time health problems will be discussed. There will be papers upon laboratory, industrial hygiene, vital statistics, food and drugs, and general health administration problems. Among the speakers on the program are Surgeon General Gorgas, Colonel Victor C. Vaughan, Major William H. Welch, George H. Vincent, W. A. Evans, F. L. Hoffman and others.

Conferences on Tuberculosis as a War Problem.

The National Tuberculosis Association announces that plans are under way for five great conferences covering the country in geographical sections from the Atlantic to the Pacific, to consider practical measures for cop-

ing with tuberculosis as a war problem. The places and dates are as follows: Spokane, Sept. 27, 28; Denver, Oct. 4, 5; Birmingham, Ala., Oct. 11, 12; Pittsburgh, Oct. 17, 18, and Providence, R. I., Oct. 25, 26.

Clinical Congress of American College of Surgeons.—The ninth annual session of the congress will be held in New York, October 21st to 26th, under the presidency of Dr. William J. Mayo of Rochester, Minn. The programme includes clinics in the principal hospitals of New York, on general surgery, gynecology, orthopedic surgery, urology, ophthalmology, laryngology, and otology, and in Brooklyn there will be clinics on general surgery, orthopedics, and urology, gynecology, and surgery of the eye, ear, nose, and throat. Dr. J. Bentley Squier, 49 East Forty-ninth street, New York, is chairman of the committee on arrangements.

Miscellaneous Items.

Physicians Raise Fees.—The doctors of Warren and West Warren, Mass., have made an agreement whereby the charge for an outside call is \$1.50 instead of \$1.00 as heretofore. The physicians of Hagerstown, Md., have also held a meeting and decided upon a similar increase in fees. In explaining the reason for this increase the doctors state that it is necessitated, not only by the high cost of living, but by the fact that every item used in the practice of medicine, drugs, surgical dressings, instruments, and auto supplies, have advanced from 20 to 200 per cent.

Dr. Jacobi's Narrow Escape.

Dr. Abraham Jacobi, nestor of American medicine, narrowly escaped fatal results of his jump from the second story of his cottage at Bolton, Lake George, his summer home, when a fire occurred in the night of September 20. Although 88 years of age he chose jumping from the window as the best way of escape. We express the profession's congratulations that the results were not worse and best wishes for continued life and health.

How to Kill an Association.

1. Don't come.
2. If you do come, come late.
3. If too wet or too dry, too hot or too cold, don't think of coming.
4. Kick if you are not appointed on a committee, and if you are appointed, never attend a committee meeting.
5. Don't have anything to say when you are called upon.
6. If you do attend a meeting, find fault with the proceedings and the work done by other members.
7. Hold back your dues, or don't pay them at all.
8. Never bring a friend who you think might join the association.
9. Don't do anything more than you can possibly help to further the association's interests; then, when a few take off their coats and do things, howl that the association is run by a clique.—Wis. Med. Jour.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

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OFFICIAL TRANSACTIONS.

The sudden death of Dr. Gray, Secretary, has delayed and made it somewhat difficult for Dr. Chandler, our present Secretary, to get the Official Transactions of our last annual meeting in their exact order, and, possibly, a few items are missing. They appear in this issue of our Journal, and if our members discover any errors or omissions, they will please notify Dr. Chandler, South Orange, N. J.

INFLUENZA EPIDEMIC.

This epidemic has been very prevalent throughout our State and more than usually fatal in cases where pneumonia developed. Camp Dix has suffered severely, with many deaths. According to last reports it seems to be abating in prevalence and of a less severe type. Its prevalence in camps is elsewhere noted in *The Journal*.

The Editor, notwithstanding his belief that the innate modesty of Dr. Strasser would cause him to object, calls attention to the fact that the Board of Trustees, at a meeting held October 4, adopted a resolution highly commendatory of Dr. Strasser's faithful and efficient services as chairman of the Committee on Publication. The action was eminently proper and should be reported. Other actions of the Board will be reported later.

GLOUCESTER'S CENTENNIAL.

The members of the committee in charge of the arrangements for the centennial celebration of the Gloucester County Medical Society at Wenonah, September 19th, are to be congratulated on the success of their efforts. The fine building of the Wenonah Military Academy was an ideal place for the meeting. The afternoon meeting was largely devoted to the presentation of historical matter. Dr. L. M. Halsey gave the main historical address, while the speeches of President James Hunter Jr. and Secretary G. E. Reading also dwelt on the society's long and honorable record. President T. W. Harvey of the State Society and Drs. A. A. Strasser and D. C. English made brief addresses and congratulations were brought from adjoining county societies. The dinner was exceptionally good as was the music both instrumental and vocal—the latter by Mrs. Dr. Campbell was greatly appreciated. The post-prandial speeches were

decidedly patriotic and were calculated to stir the hearts of all to a more serious and determined effort to sustain the government in the prosecution of the war at any personal sacrifice. The committee was very fortunate in securing such eloquent speakers as Rev. Dr. S. W. Watson, rector of the American Church in Paris during the past four years; Mr. E. J. Cattell, statistician of Philadelphia and Private Frederic Howard of the Australian and Canadian Expeditionary Forces, the thrilling experience of the latter during his four years' service, as well as Dr. Watson's account of conditions and needs abroad, made a powerful impression. A fitting finale of this celebration was a contribution, by those present, of nearly two hundred dollars for the suffering children of France, to be sent through Dr. Watson.

We hope to give in the next issue of our Journal an extended account of this centennial celebration.

PROFESSIONAL LOYALTY

It is the high duty of every decent physician in this State to put himself into his medical society and to do everything that is possible for him to do to keep medical organization alive and moving. It is shameful that so many of our county societies are being allowed to slip back into inactivity and uselessness. We owe it to our profession here, and that part of it at the front, we owe it to our people in our own State, and we owe it to humanity to keep up our part in the fight for the progress of science and for the advancement of all high ideals.—Tennessee Medical Journal.

MEDICAL WOMEN IN THE WAR.

The highest type of patriotism has been shown by American medical women; one-third or more of the educated women doctors of this country have enlisted, many in Europe, where their services are invaluable in rendering medical service to women and children in devastated sections. They have rendered great service in laboratories and hospitals as anesthetists. When we think of the 2,000 women doctors in the volunteer medical services of their country we wonder where the 80,000 men doctors are who are not accounted for.—Jour. Iowa State Society.

THAT POOR EXCUSE, A LIEUTENANT'S PAY.

Many available physicians are refusing to volunteer to help the nation in its dire need

on the plea that they cannot afford to give up their practice and leave their families unsuitably provided for on the pay of a lieutenant. A note from Major Green, in a late number of the Journal of the American Medical Association, effectively exposes this fallacious excuse by proving that a maximum of fifty dollars a month will cover all possible costs for the maintenance of a lieutenant except those due to extravagances in the way of dear cigars, high living and costly uniforms. A lieutenant with a fifty-dollar maximum a month can give the rest of his pay to his wife, whom he will find will, with a woman's wise economy, make both ends meet. If not, she will make sacrifices and not complain, as he is now complaining and making excuses. Do let us have an end to this monetary excuse. We wonder how many of us think that the officers of the English, French, Italian and others of our allies get less than half of our officers' pay, and that their wives and families get along by sacrificing for the common cause. If those who put their minds on inventing excuses for not going would simply think of why they ought to go, the quotas everywhere would soon be filled.

So, too, if physicians who think themselves "essential" to a civilian population, to a hospital staff or to a medical school would only open their eyes and take a look at the shadows of former great physicians, who thought that they, too, were "essential," yet in due time died and their places were amply filled; we say that if they would only think thus, they would see that nobody is "essential" in this world of change. If they were, where would there ever be a chance for any young man to do anything except to rust his life away in the book learning of schools. This is a world of change, constant change, and with its changes every human being must move along, do his duty as he moves, and take his chances for the future with all the rest of humanity.—Maine Medical Journal.

"The 30,519 members of the medical profession who have volunteered their services in the Army, Navy and Public Health Service have established a high standard of patriotism for the physicians of America. Those who cannot serve with the colors can serve their country by subscribing to the Liberty Loan and by inducing others to do so."—N. Y. Med. Jour.

Special War Items.

Commission Accepted, U. S. Naval Reserve.

Paul E. Kuhl, Trenton.

Commissions Accepted in M. R. C. Army.

Austin H. Coleman, Trenton.
 Peter B. Cregar, Plainfield.
 J. Willard Farrow, Dover.
 Chauncy B. Griffiths, Newark.
 Harry J. Perlberg, Jersey City.
 Michael J. Sullivan, Englewood.
 Grant P. Curtis, Union Hill.
 George W. Fithian, Perth Amboy.
 Harry S. Garrett, Park Ridge.
 James S. Hewson, Newark.
 John D. Tidaback, Newark.
 John F. Hagerty, Newark.

Orders to Officers of the M. R. C.

Lieut. Thomas R. Adams, Califon, to Camp Lee, Va.

Major George C. Albee, South Orange, to Camp Hancock, Ga., base hospital.

Capt. William J. Arlitz, Hoboken, to Camp Wheeler, Ga., base hospital.

Major Richard Bew, Atlantic City, to Camp Fremont, Cal., as tuberculosis examiner.

Lieut. Harold W. Brown, Jersey City, to Camp Leach, D. C.

Lieut. William F. Costello, Dover, to Camp Jackson, S. C.

Lieut. Edgar B. Funkhouser, Trenton, to Camp Meade, Md., to examine for mental and nervous diseases.

Capt. F. R. Haussling, Newark, to Fort Oglethorpe, for instruction.

Lieut. J. W. Hurff, Newark, to Arcadia, Fla., Carlstrom Field.

Capt. Charles H. Mayhew, Millville, to Camp Dix.

Lieut. Edward H. Moore, Asbury; Capts. Aaron Nelson, Nath. G. Price, Newark; John N. Ryan, Passaic; Lieuts. Martin H. Stein, Elizabeth, and James H. Lowrey, Newark, to Fort Oglethorpe for instruction.

Lieut. Virgel M. D. Marcy, Cape May, to Hoboken, N. J.

Lieut. E. Leroy Minard, East Orange, to Camp Wadsworth, S. C., evacuation hospital.

Lieut. William A. Tansey, Newark, to Walter Reed General Hospital, D. C.

Lieut. Joseph S. Vanneman, Princeton, to Mineola, N. Y., for instruction.

Capt. Frank Brouwer, Toms River; Lieuts. Frank N. Bunnell, Barnegat; Harry N. Golding, Paterson; J. W. Hurff and Oscar A. Mockridge, Newark, to Fort Oglethorpe, Ga., for instruction.

Capt. Harry M. Ewing, Montclair, to Washington, D. C., as tuberculosis examiner.

Lieut. W. W. Schmidt, Cliffside, to Camp Cody, N. M., base hospital.

Lieut. Clarence A. Birdsall, Jersey City, to Camp Lee, Va.

Capt. Horace D. Bellis, Trenton, to the Evacuation Hospital, Camp Jackson.

Capt. John S. Douglass, Cape May, to Fort Oglethorpe, Ga., for instruction.

Capt. Albert S. Harden, Newark, to Camp Hancock, Ga., base hospital.

Lieut. Charles B. Kelly, Jersey City, to Fort Oglethorpe, Ga., for instruction.

Capt. Daniel B. Street, Jersey City, to Camp Dix, base hospital.

Major Carl E. Sutphen, Newark, to Camp Jackson, Ga., base hospital.

Gone "Overseas" for Service.

Early in September the following prominent members of our State Medical Society left for service overseas:

Lieut. Col. William G. Schauffler, Major Ralph H. Hunt, Capt. Thomas W. Harvey, Jr., Lieut. Ellery N. Peck.

Dr. Abraham J. Gordon, Prisoner in Germany.

Dr. Gordon, formerly of the City Hospital, Newark, a lieutenant in the M. R. C., has recently sent a message to his sister saying that he is now a prisoner in Germany and is well. He was kept in France four weeks after he became a prisoner, before being transferred to his present quarters. During his stay in France he attended wounded allied soldiers, also prisoners.

Although, being a German captive, he is unable to write to his friends as he would like, Dr. Gordon requested that they send him letters. In his message to his sister he emphasized this desire for mail from home.

Women Physicians Decorated.—Dr. Caroline Finley, head of the Woman's Overseas Hospital doing splendid work in France, has been decorated with the French Croix de Guerre for bravery during an enemy air raid. With Dr. Finley, two doctors on her staff and a nurse, Miss Jane McKee, were similarly decorated.

Lieut. Thomas M. Barber of the M. R. C. since June, 1917, formerly an interne in the Morristown Memorial Hospital, has received special mention for faithful service. In May last he is said to have repeatedly demonstrated heroic self-sacrifice by saving four wounded soldiers under enemy fire and with apparent contempt for his own safety. When his aid station was destroyed by shell fire he promptly moved into a shell hole near by and continued his faithful work.

Lieut. John Edward Williams, M. D., of Roselle Park, died of typhoid fever in France last month. He was a surgeon connected with the Mackey-Roosevelt Hospital. He graduated from the College of Physicians and Surgeons, New York in 1913; was 25 years of age; married in France a French girl. When the trouble with Mexico started more than a year ago he applied for a commission and was then made a lieutenant in the medical corps, but was never called for duty. After war with Germany was declared he joined the Mackey unit.

Reward Well Earned.—No one would ever dispute the claim of Dr. Cesar Samsoen of Hazebrouck, Belgium, to the coveted cross of the Legion d'honneur. It was recorded in the official journals that at the time of mobilization he was left alone to serve some 12,000 people and that, day and night, he toiled among them, and when the refugees came established a free dispensary, an amateur hospital for those wounded by bombs, besides acting as obstetrician not only for his own district, but for the canton of Armentieres and the Belgian towns, Ypres and Poperinghe.

Medical Service Corps State Officers.

The central governing board of the Volunteer Medical Service Corps of the Council of National Defense announced recently that the New Jersey state executive committee of the Volunteer Medical Service Corps is comprised of the following physicians: Drs. Walter B. Johnson, chairman, Paterson; G. H. McFadden, secretary, Hackensack; G. K. Dickinson, Jersey City; Joseph Bryan, Asbury Park; H. B. Costill, Trenton; Alexander Marcy, Jr., River-ton; W. B. Graves, East Orange; F. M. Donahue, New Brunswick, and Philip Marvel, Atlantic City.

The purpose of this committee is to co-operate with the central governing board in carrying in the mobilization and enrollment of members of the Volunteer Medical Service Corps throughout the State. The central governing board also has authorized the appointment of one county representative in each county in every State. The county representative for New Jersey are as follows:

Atlantic, Dr. Emery Marvel, Atlantic City; Bergen, Dr. G. H. McFadden, Hackensack; Burlington, Dr. E. Hollingshead, Pemberton; Camden, Dr. A. MacAllister, Camden; Cape May, Dr. Philip Washburn, Cape May Court House; Cumberland, Dr. F. M. Sheppard, Millville; Essex, Dr. Graves; Gloucester, Dr. Luther Halsey, Williamstown; Hudson, Dr. Dickinson; Hunterdon, Dr. A. D. Gary, Ringoes; Mercer, Dr. Costill; Middlesex, Dr. Donahue; Monmouth, Dr. John Taylor, Asbury Park, Morris, Dr. Clifford Mills, Morristown; Ocean, Dr. I. Hance, Lakewood; Passaic, Dr. William Veenstra, Paterson; Salem, Dr. C. M. Sherron, Salem; Somerset, Dr. Josiah Meigh, Bernardsville; Sussex, Dr. Henry J. Harp, Sussex; Union, Dr. Norton L. Wilson, Elizabeth, and Warren, Dr. James M. Reese, Phillipsburg.

Weeding Out Incompetent Medical Officers.

Surgeon-General William C. Gorgas has ordered that steps be taken for the elimination from the service of all incompetent medical officers. By the provisions of this order, effective December 14, officers assigned to duties that they cannot competently perform because of unsuitable previous training, will be transferred and tried in other positions. If then unable to do satisfactory work they will be reported to the Surgeon-General as unfit and sent before a board with a view to their discharge from the service.

A number of medical officers are not fully qualified to perform their duties because of physical disability, mental incapacity, temperamental unfitness, laziness, inability to command men, lack of education or proper training. All division surgeons, commanding officers of base hospitals and other medical officers having subordinates, are directed to list those whose work has not been satisfactory. If mental incapacity is suspected, psychological examinations will be made. Systematic instruction in military hospitals is recommended to remedy incompetency due to poor training in the technic of professional work. The medical officers' training camps are relied on to correct deficiencies other than professional incapacity.

Medical officers who have been transferred will be given proper instruction in their new

work and will not be discharged from the service until their superiors are convinced that they cannot become competent within a reasonable time. No action for discharge will be taken until they have failed in two lines of work—viz., the professional care of the sick and disabled and medical field work, the latter including camp sanitation, handling of men, first aid and transportation of wounded.

New Jersey Has Fewest Camp Rejections.

The percentage of men from New Jersey rejected at camp for military service on account of physical defects between February 10 and July 13 last was smaller than that of any other State in the Union. This information is indicated in a chart received by Adjutant General Gilkyson from the War Department, showing the relative percentage of rejections of all States. The percentage in New Jersey was about two and a half, while in Alabama is was 17.45, or practically seven times that of New Jersey.

Commenting to-day upon the showing made by New Jersey in the matter of rejections, as well as in the registration and examination under the selective service law, Adjutant General Gilkyson said: "I cannot compliment too highly the various draft boards throughout the State for that combination of fairness and sound judgment which has resulted in bestowing a national distinction upon New Jersey in the matter of selective service records."

Military Training at Princeton and Rutgers.

Princeton University opened Sept. 25 with the largest number of men on the campus in her history. The total number of students and soldiers now training on the Princeton campus will, from present indications, probably reach 2,500, about 1,000 more than the regular enrollment of academic students in peace times. Many of these men will be enrolled in the School of Military Aeronautics and the new Paymasters' School instituted by the Navy, where their instruction will be given exclusively or largely by officers detailed by the War and Navy departments. In addition to the blue uniforms of the cadets in the Paymasters' School and the khaki of the aviators, there also will be the regular army uniforms of the new student soldiers in the Students' Army Training Corps, who will number about 750, and the darker blue middies of the 250 Naval Reserve force and men enrolled in the Naval Training Unit under Rear Admiral Goodrich. Princeton was one of the first colleges in the country to establish a training unit. The decision was made by the university immediately after the dismissal of Ambassador Von Bernstorff.

Rutgers, New Brunswick.—First Lieutenant James C. Torpey, lately adjutant of the Plattsburg Training Camp, arrived in New Brunswick Sept. 24, and at once took charge of the military department of Rutgers College. He will be commanding officer of the Students' Army Training Corps, and will have charge of all the details of organization. To-morrow five second lieutenants, recently Plattsburg graduates, will join him as his staff, having been detailed to Rutgers.

Under Lieutenant Torpey's supervision, the

military department will undergo a complete revision. On October 1 the members of the S. A. T. C. will be inducted into the United States Army and the college placed on a distinct war basis. The lieutenant announced that he proposed to organize the training battalion for instruction strictly in accordance with the U. S. army regulations. Besides being commanding officer at Rutgers, Lieutenant Torpey also will direct the military work at Seton Hall College.

It is expected that the strictly war curriculum will go into effect the first of October, including military drill from 7.30 until 9.30 every morning. A special war aims course also has been arranged by the faculty committee on instruction, and will be given jointly by the departments of political science, psychology and history.

Rejected Men at Camp Logan, Texas.

Major J. N. Hall, Camp Logan, Texas, said: I was glad to hear the report of the conditions at Camp Grant. I was the chairman of the board at Camp Logan, Texas, for the surgeon's certificates of disability to whom came these men who were sick. I entirely agree with Colonel Phelan in his remark the men sent must have been the poor ones. We received 4,000 of these men, and in a short time we sent back three solid trainloads, 1,500 of these men, because of various disabilities. There is no need in the world of letting men come in with such defects as we found in these men. We found cases of arthritis and old tuberculous joints. Twenty-six men had such diseases of the eye as anopia. Of the 3,225 men examined all did not come from the draft, but in part were the regular Guard division, the Regulars in the camp, and also the draft men sent in. I have had 50,000 men pass before me, and I feel I ought to say something about them. There were eighteen with ankylosed joints; there were 164 with defective mental development; 179 cases of various deformities, from an absence of the pectoralis major muscles to absence of fingers and toes. We had a man who could not hold a pencil in his fingers. There were men with tuberculous spines; twenty men with fingers off so that they could not hold a gun in their right hand, and many that had no right forefinger; 250 hernias were operated on and the men returned to service. In that particular, I wish to dissent from the view expressed here to-day by one of the speakers. We had a dozen men with six toes, and many thrown out because they would not have the extra toe amputated.

Athletes Rejected for Military Service.—The records of physical examinations of drafted men at Camp Dix, Wrightsville, N. J., show that in proportion to their representation among recruits professional athletes show more physical rejections than any other group of men called to the National Army at this camp. This paradoxical situation has been observed since the opening of the camp, and it is thought probable that other cantonments have had a similar experience. In a recent draft there were three famous ball players, a boxer, and a runner with a track championship, all of whom failed to qualify physically for military service.

Registrants Can't Appeal for Physical Retest.

Under a new ruling by Provost Marshal General Crowder announced that registrants no longer have the right of applying for re-examination to the medical advisory boards after being passed by the local board physician. Notice of the ruling has been received with other instructions by local boards. It is believed here to be the outcome of experience of medical advisory boards, whose members found their waiting lists clogged each week with large numbers of men whose re-examination fully justified the decision of the local board examiner. According to the new regulations, re-examination of a registrant by a medical advisory board may be obtained only upon the initiative of the local board. When its members are not unanimous in agreement with their medical members, as to the physical fitness or unfitness of a registrant for military service, the recourse to the medical advisory board is permitted. Upon the medical report of the advisory board the local board will make its decision.

Roentgen Work in France.—De Abreu is chief of the radiologic cabinet connected with the Franco-Brazilian ambulance stationed at Paris, and he descants on the revolution that has taken place in France since the war began in the general estimation of the roentgen rays. Before that, there were a few eminent radiologists in France but the rank and file of the profession paid little attention to the roentgen rays. "and nothing," he remarks, "opposes such unconquerable resistance to the onward march of ideas as silence." The professional roentgenologists were misled by the Austrians into viewing radiology almost exclusively from the therapeutic standpoint.

French Adopt United States Dressings.—The French War Department has adopted officially for use in all French hospitals the surgical dressings made by the American Red Cross and will discontinue the manufacture of the French style of dressings. The Atlantic Division of the American Red Cross announces that dressings of the Red Cross chapter can be utilized for both French and American hospitals.

Nursing Taken Into Cellars in Air Raids.

Drs. Netter and Triboulet, in *Le Progres Medical*, call attention to a new consequence of air raids in the shape of dangerous respiratory affections as a result of taking babies to cellars at night. In the Trousseau Hospital 21 of the nurslings as a result of these experiences developed pneumonia or broncho-pneumonia, with 7 deaths. Exposure was the sole causal factor.

Enrollment of Nurses Progresses.—The Red Cross, in reporting on the progress of the campaign to enroll 27,000 nurses for war service, shows that the Atlantic Division, comprising New York, New Jersey and Connecticut, has recruited 45 per cent. of its quota, or 2,600 nurses, with four and one-half months to go. The Central Division, comprising Illinois, Michigan, Wisconsin, Iowa and Nebraska, has enrolled 2,311 nurses and ranks second in point of numbers.

New Hospital for Shell Shocked Soldiers.—Dr. John T. M. Finney of Baltimore, surgeon in chief of the American Expeditionary Forces, who recently made a brief visit to this country, has returned to France after having secured a large appropriation from the Federal Government, which places at his disposal a hospital in France for the treatment of shell-shocked American soldiers.

Women Anesthetists for Army Service.—It is said that many wounded soldiers prefer the care of women attendants and that for this reason the army is appointing women anesthetists. Fifteen have already been appointed, receiving the pay and privileges of First Lieutenants without, however, the actual rank. Only graduate women physicians are eligible.

Meningococcus Carriers.—Medical Inspector P. S. Rossiter and Assistant Surgeon A. J. Miner publish in a recent issue of the United States Naval Medical Bulletin, the results of the examination of 8,518 men as meningococcus carrier at the U. S. Naval Training Station at San Francisco. Recent reports indicate that there is in the community at large a varying percentage of carriers of the meningococcus who, under certain conditions of crowding and inadequate ventilation, transmit the organism to others. Out of this number they found 261 carriers, or 3.16 per cent.

Nurses' Psychiatric Unit.—A special psychiatric unit of forty nurses has been assembled and outfitted in New York and will soon sail for overseas. These nurses have been specially trained to care for soldiers suffering from shell shock.

Prevalence of Influenza in Camp.

The total number of influenza cases in all army camps was 72,327, said a statement from the office of the Surgeon-General of the army on October 1. The new cases reported September 29 numbered 9,242, and those September 30, 11,024. Three camps reported more than 1,000 new cases. Camp Pike, Arkansas, had 1,205; Camp Sherman, Ohio, 1,200, and Camp Jackson, South Carolina, 1,168. Pneumonia cases are increasing at these camps, but the death rate continues low.

The highest death rate reported October 1 was from Camp Dix, where sixty-four soldiers died, and where next to Camp Devens, Massachusetts, the epidemic is most severe. Camp Devens continued to show a marked decrease in new cases, only 107 being reported, with forty-seven new cases of pneumonia. The total of influenza cases reported from this camp is 12,707, with 1,860 cases of pneumonia and 593 deaths.

Convalescent Home for Government, Yonkers.

Construction work is to be started in a few weeks on the convalescent home for which provision was made in the will of Mrs. Caroline Neustadter. Mrs. Neustadter bequeathed \$1,000,000 for this purpose, of which \$250,000 is to be used in the construction of buildings, and the income from the remainder is to be used for maintenance. The trustees announce their intention of offering the institution to

the government when it is completed and fully equipped to be used as a hospital for officers. The plans provide accommodations for seventy-five patients, but it will be possible to care for a much larger number.

Colonia Hospital Quarantined.

The Government Base Hospital No. 3 at Colonia has been put under quarantine. It is understood that this was done to bar Spanish influenza from the hospital. No case has developed up to this time, it is reported.

Historic Manor for Convalescent Home.—The historic Stevens Manor House at Castle Point, Hoboken, has been formally taken over by the Government for use as a convalescent home for soldiers. The buildings have been remodeled and are ready for the reception of patients.

MOBILIZATION OF WOMEN PHYSICIANS FOR ANESTHETIC SERVICE.

Every effort is being made to keep war surgery at top-notch efficiency and to provide every wounded American doughboy with safe, rapid, and comfortable anesthesia, both at the front and in the hospitals in Blighty. In this connection the following telegram is self-explanatory:

Washington, D. C., eSpt. 18, 1918.
Dr. F. H. McMechan,
Avon Lake, Ohio.

Proceed at once to secure qualified women physician anesthetists under 45 years of age of mental poise, as well as young women graduates, who are competent for such service.

(Signed) Dr. Franklin Martin, (per)
Dr. Emma Wheat Gillmore,

Chairman Women Physicians' Committee,
Council National Defense—Medical Section.
Those women physicians who are qualified for anesthetic service and who are competent to be intensively trained are requested, at once, to get in touch with

Dr. F. H. McMechan, Secretary,
Interstate Anesthetists,
American Anesthetists,
Avon Lake, Ohio.

Therapeutic Notes.

Chronic Nasal Catarrh.

Scott recommends the following combination of Sajous for this condition:

Sodii bicarb, gr. viij.
Sodii bibor, gr. viij.
Fluid extract pinus canad, m.xv.
Glycerini, f3ij.
Aque, q.s. ad. 3iv.

M. Sig: Apply with atomizer three or four times daily.

After which he suggests the use of the following:

Pulv. sanguinariae, 3j.
Acid tannici, gr. v.
Pulv. camphorae, 3j.
Bismuth subnitrat, 3ij.

M. Sig: To be used by insufflation or as snuff every three or four hours.—Hughes' Practice of Medicine.

Application for Erysipelas.

Guaiacol, 1 part.
Tincture of iodine, 1 part.
Glycerine, 8 parts

Painting the lesion with this mixture three times a day is asserted to arrest erysipelas in its initial stage and to effect a rapid cure.—Chicago Medical Standard.

A Efficient and Safe Insecticide.—An emulsion of petroleum and soft soap has been used successfully in India for ridding houses of plague infested fleas. A better composition, according to the Medical Press and Circular, is that devised by Cousins in which soft soap, petroleum and naphthalene are the ingredients. This combination, it is said, seems to enhance the action of each in a remarkable way when used as an insecticide. It is easy to prepare, keeps indefinitely and is a soapy substance easily dissolved in cold water. In the proportion of 1 ounce to the quart of water it forms a wash in which fleas and pediculi are said to perish almost instantly. It is suggested that this would be an easy and practical way of dipping and washing clothes infested with *Pediculi vestimenti* in the army and elsewhere.

Pruritus Scroti.

Acid salicylic, dr. 1.
Beta naphthol, dr. 1.
Acid chrysophanic, dr. 2.
Acid benzoic, dr. 1.
Paraffin molle, oz. 2.

Make an ointment. First wash the scrotum with 2 per cent. solution of copper sulph., then apply the ointment.

Gonorrhoea.

Simple acute gonorrhoea, says a writer in the New York Medical Journal, is the commonest of all venereal diseases met with in the army. The principal complications observed have been balanitis, cystitis, epididymitis, arthritis, and stricture. Simple antigonococcic treatment has been sufficient in the vast majority of cases, this consisting of an appropriate diet and local care. Capsules of santol are given from the beginning and when the inflammatory urethral reaction allows, permanganate irrigations are begun at 1:5000 and slowly increased in strength. During the period of decline the following injections is ordered:

R	Zinc sulph.....	4.0
	Acid, citric.....	4.0
	Liq. Van Swieten.....	60.0
	Aq. dest.....	1000.0

In stubborn cases, as well as in long standing ones, instillations of silver nitrate are given and an average of three weeks has been found sufficient to stop the discharge. The army surgeons do not hold that when the discharge ceases an absolute cure has been obtained, but it seems to me clear that the results are excellent too considering the circumstances and that treatment as outlined, using the older methods, has proved itself quite potent and perhaps equal to our more modern treatments. For the complications local tepid baths are used for balanitis and phymatosis; capsules of turpentine or cachets of salol for cystitis rest in bed with the testicles elevated and resting on a thin board, and mercurial ointment locally has been the treatment of epididymitis. Three

weeks have been the average time for recovery to take place.

There have been quite a goodly number of cases of *ulcus molle*, some being complicated with bubo, while many have been phagedenic. Treatment varies according to the appearance and site of the lesion. The use of antiseptics, singly or combined, have usually been sufficient to bring about cicatrization. Our old friend iodoform, banished for years in civil practice, has regained all its former favor during the war and *ulcus molle* it has unquestionably maintained its former high reputation. In some few cases cauterization is required. For inguinal lymph node infection an incision, or more accurately puncture, followed by an injection of iodoform ether has been successfully used when suppuration has taken place.

Medication in Children.—Dr. Herman B. Sheffield in the Medical Record, writes that digestants are rarely needed in children while the bitter tonics are not commended except *nux vomica* in small doses. Quinine may be given by the intramuscular method in severe malarial fever in five grain doses dissolved in fifteen minims of water two or three times daily. Of the iron preparations the tincture of the chloride, the syrup of the iodide, the solution of the peptomanganate and the dried sulphate are preferred. Syrup of the iodide of iron and cod liver oil are well taken by young children. As to alteratives, iron arsenate, one-quarter to one grain, is beneficial in the anemias, while Fowler's solution may be pushed in the neurotic type of chorea. Except in luetic affections the syrup of the iodide of iron and the syrup of hydriodic acid should be preferred to the iodide of sodium and potassium.

Hospitals, Sanatoria, etc.**Alexander Linn Memorial Hospital, Sussex.**

The trustees of the Alexander Linn Memorial Hospital have voted to purchase the property of Mrs. Edna Christy in Walnut street to be converted into a hospital. The building was formerly used as a private school.

Mountainside Hospital, Montclair.

The Montclair Town Commission gave a concert in the theatre September 20 for the benefit of this hospital. The hospital was selected to be the beneficiary because its resources have been affected by the war more than those of any other organization of the town.

Overlook Hospital, Summit.

During July and August 197 persons were admitted to the hospital, 102 of them from Summit, the others from nearby towns. On September 2 sixteen new pupils were admitted to the training school for nurses, the largest number ever admitted at one time.

Hospitals Prepare for War Emergency.

"The part the civil hospitals are to take in reconstruction and rehabilitation is as yet undetermined. The whole adoption of a comprehensive co-operative programme is imperative," declared Dr. Arthur B. Ancher, president of the American Hospital Association, in address-

sing the opening session of the annual convention of that organization at the Royal Palace Hotel at Atlantic City last month.

"The civil hospitals have unhesitatingly accepted calls for war service," president Anchor continued. "They expect further calls of various kinds. Wise statemanship will prompt those representing the civil hospitals, individually and collectively, to anticipate that the government will later make a wider use of them for returned soldiers. If the war continues long necessity will compel such action. It is our obvious duty to help the War Department foresee these hospital war needs, as well as the needs of civil population, and to plan to meet them constructively. If we so fail we shall be weighed in the balance and found wanting."

Governor Edge in delivering an address of welcome told the 800 doctors and nurses assembled that upon them depended to a large extent complete victory over Germany.

1,000 Nurses Needed in State Asylums.

Dr. M. B. Heyman, medical superintendent of the Manhattan State Hospital on Ward's Island, issued a call recently for 1,000 young women to replace nurses and attendants in State hospitals for the insane, who had entered military service. There was a shortage of more than 600 from this cause he said, and others were enlisting daily.

Bonnie Burn Sanatorium.

Superintendent John E. Runnells, M. D., reports that on August 1st there were 199 patients in the sanatorium, 111 males and 88 females. During the month 34 patients have been admitted, 17 males and 17 females. Among these is one re-admission. The admissions are classified as follows:

Pretubercular (Preventorium), 13; Moderately advanced, 4; Far advanced, 16; Non-tubercular, 1.

The largest number of patients present at any time during the month was 205; smallest number, 188

Marriages.

RUNYON-KIP.—At Kingston, Ontario, September 10, 1918, Dr. Mefford Runyon, to Mrs. Katherine F. Kip, both of South Orange, N. J.

Dr. Runyon is now in charge of the convalescent hospital given to the British government by Mrs. Kip.

THOMPSON-ANDERSON.—At Toms River, September 4, 1918, Dr. Theodore F. Thompson, Lakewood, to Miss Ella Anderson of Toms River.

Deaths.

BENNETT.—In Gloucester City, N. J., October 2, 1918, Dr. John K. Bennett, from influenza, complicated with pneumonia; aged 61 years.

Further notice will appear next month.

CHARD.—At Jersey City, N. J., August 30, 1918, Dr. John A. Chard, aged 54 years. Dr. Chard graduated from the New York Uni-

versity Medical College in 1897. He was member of the Hudson County Medical Society, the Medical Society of New Jersey and the American Medical Association.

JENNINGS.—At Burlington, N. J., September 29, 1918, Dr. George A. Jennings, from influenza, complicated with pneumonia, aged 46 years.

Dr. Jennings graduated from the Baltimore Medical College in 1902. He was widely known in college athletics and was athletic director of the Burlington public schools. He was a member of the Burlington County and State Medical societies and of the American Medical Association.

MATTHEWSON.—In Plainfield, N. J., Sept. 19, 1918, Dr. Charles B. Matthewson, aged 65 years. He formerly practiced in Somerville, later in Plainfield, but retired from practice several years ago.

PAULLIN.—In Bridgeton, N. J., Sept. 18, 1918, Dr. George M. Paullin, aged 79 years.

He graduated from the University of Pennsylvania Med. Dept. in 1861; practiced a few years in Salem County; then for 25 years at Shiloh. A few years ago he retired from practice and moved to Bridgeton.

VAN RIPER.—At Jamaica Plains, Mass., August 20, Dr. Cornelius Van Riper of Passaic, N. J., aged 77 years. Dr. Van Riper graduated from the College of Physicians and Surgeons, New York City, in 1866, and began practice in Passaic and continued it since in that city. He was a member of the Passaic County Medical Society, the Medical Society of New Jersey and the American Medical Association.

WARNER.—A Red Bank, N. J., September 10, 1918, Dr. William B. Warner, aged fifty-eight years.

Dr. Warner graduated from the New York University Medical College in 1882 and began practice soon after in Red Bank where he has successfully practiced since. He was a member of the Monmouth County and the State Medical Societies and a Fellow of the American Medical Association.

Personal Notes.

Dr. Thomas R. Adams, Califon, has been commissioned in M. R. C. and is at Camp Lee, Virginia.

Dr. Harry Day, Chester, has received discharge from the M. R. C. for physical disability and has returned home.

Dr. Herbert W. Foster, Montclair, and wife have returned from their sojourn in Maine.

Dr. William H. Iszard, Camden, spent two weeks last month in Cleveland, Ohio.

Dr. Thomas B. Lee, Camden, and family recently returned home from Ocean City where they spent the summer.

Dr. Clarence R. Kay, Peapack, and family have returned home from Amityville, L. I., where they spent a few weeks.

Dr. William J. Burd, Belvidere, was drawn as a member of the Warren County grand jury last month.

Dr. Charles H. Mayhew, Millville, is the third Millville doctor called into M. R. C. service. Dr. R. R. Charlesworth is in France and Dr. Frank Sheppard is at Camp Meade.

Dr. John W. Clark, Lyndhurst, and wife took a ten days' auto trip through New Jersey last month.

Dr. H. B. Costill and G. N. J. Sommer, Trenton, and W. C. Sooy, Atlantic City, were delegates to the meeting of the Academy of Political and Social Science, in Philadelphia, September 20 and 21.

Dr. Matthew W. Elmer, Bridgeton, and wife returned home early last month from their five weeks' trip to the Northwest.

Dr. Eugene H. Goldberg, Kearny, was chairman of the fourth Liberty Loan campaign and also of the War Savings Stamps campaign.

Dr. Samuel C. Haven, Morristown, and wife returned early last month from Baily Island, Me., where they spent several weeks.

Drs. H. A. Cotton, B. D. Evans, S. B. English, E. J. Ill, A. C. Hunt, D. F. Weeks, Henry Spence, Philip Marvel and J. C. Price were delegates from New Jersey to the meeting of the American Hospital Association, September 24-28, at Atlantic City.

Dr. William E. Ramsay, Perth Amboy, was one of the guests at the launching of the Steamer Brandywine at the Pennsylvania Shipyard last month.

Dr. W. Leslie Cornwell, Bridgeton, Capt. M. R. C., sends word in letters to his family that he is well and seeing great sights over in France and having much experience in his work.

Dr. William F. Costello, Dover, having been commissioned as lieutenant in the M. R. C., was given a farewell reception at the Mansion House Sept. 25, previous to his leaving for Camp Jackson, S. C. The staff and nurses presented him with a gold wrist watch.

Dr. Walter A. Jaquith, Chatham, recently returned home from Mohegan Lake, N. J.

Dr. Robert W. Randall, Hackettstown, was recently ordered to report at Camp Ogelthorpe, Ga., for service in the M. R. C.

Dr. John H. Bradshaw, Orange, and wife have returned from their summer sojourn at New Harbor, Maine.

Dr. J. Lynn Mahaffey, Camden, and family returned home last month from Ocean City, where they had spent several weeks.

Dr. John Hemsath, Newark, and family have returned home from Pocono Mountains.

Dr. George S. Laird, Westfield, has been commissioned lieutenant in the M. R. C. and is at Camp Dix.

Dr. Theron Y. Sutphen, Newark, and daughter have returned from Grand Lake, Me., where they spent a month.

Dr. Grafton E. Day, Collingswood, has been nominated as the candidate of the Prohibitionists for United States Senator and received official notification at a meeting in Palm Theater, that city, on the evening of September 20.

Dr. Sherman Garrison, Cedarville, has been appointed medical inspector of the schools of Deerfield and Lawrence Township.

Dr. Levi W. Halsey, Montclair, and family returned home last month from Green Point, where they spent the summer.

Dr. Caldwell B. Keeney, Summit, has received his commission as lieutenant in the M. R. C., with orders to report at Camp Hancock.

Dr. Francis E. Knowles, Boonton, has been appointed medical inspector of the Boonton schools at the salary of \$500 per year.

Dr. Henry M. O'Reilly, Summit, has been promoted to a captaincy in the M. R. C. and is stationed at Camp Greenleaf, Ga.

Dr. Horace M. Fooder, Williamstown, has been renominated as candidate of the Republican party as Assemblyman for Gloucester County.

Dr. Watson B. Morris, Springfield, has been elected by the Millburn Board of Education as medical inspector of the Millburn schools in place of Dr. G. H. Taylor, who declined reelection.

Dr. William F. Shafer, Camden, and family have returned home from a two months' stay at Ocean City.

Dr. Herman Gross, Metuchen, has had a severe attack of the prevailing influenza with pneumonia, but is convalescing.

Dr. George H. Lathrope, Morristown, Major in the M. R. C., has arrived safely in France.

Dr. John C. Farr, Hoboken, has removed his office from Bloomfield street to 75 Tenth street.

Drs. J. H. Gould, W. W. Riha and P. W. Stevens, Bayonne, contracted the prevailing influenza from patients.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Arizona, June	8	5	3
Connecticut, July . .	23	17	6
Dist. Colum., July . .	16	14	2
Florida, June	15	10	5
Georgia, June	31	30	1
Indiana, June	41	40	1
Louisiana, June . . .	45	41	4
Iowa, June	33	33	0
Michigan, June . . .	22	19	3
Missouri, June . . .	95	79	16
New Hampshire, June	5	3	2
New Jersey, June . .	15	15	0
Vermont, June . . .	18	18	8

New Jersey Board of Medical Examiners.

The next meeting for the examination of applicants will be held at Trenton, October 15. Dr. Alex. MacAlister, 438 East State street, Trenton, secretary.

Medico-Legal Items.

Hygienic Sinners.—The employer who does not supply adequate sanitary facilities for his help; the janitor or porter who dry sweeps the floor.—Public Health.

Communicable Diseases in Kearny.—Twenty-two cases of communicable diseases in August, the smallest number in Kearny in any month during the last three years, were reported to the Board of Health last month, and of these three did not actually belong to the town, being reported from Stumpf Memorial Hospital.

Newark Health Department.

The report for the month of July shows: Total deaths, 481; death rate, 13.4. The following are numbers of deaths from some of principal causes, the numbers given in brackets are the total numbers of cases reported: Measles 4 (155); scarlet fever 1 (24); whooping

cough 5 (252); diphtheria 1 (65); tuberculosis, all forms, 57 (169); cancer 23; organic heart disease 44; pneumonia, lobar and broncho, 31 (132); Bright's disease and nephritis 49; typhoid fever 0 (4); infant paralysis 1 (1).

Newark Medical School Inspection.

In entering on the school year the medical inspection department is handicapped by the loss of four doctors, one dentist and six nurses, who are engaged in army and navy service.

The total number of inspections made last year was 360,209 and the treatments given 97,000, with cures reported, 23,112. The greatest number of defects reported were of teeth, which numbered 12,000, while defective vision was found in 2,790 instances.

The number of cases handled in the general medical department of the clinic was 10,816; ear, throat and nose, 1,287; orthopedic, 808; dental, 1,843, and in the eye clinic, 8,163.

Cold Storage Food.—The health officer of Orange has organized a campaign against cold storage food that is being sold as fresh food. He has found that cold storage poultry, eggs and meat have been sold under a guaranty as absolutely fresh, though the merchants, while getting fancy prices, knew it was unlawful to advertise and sell the food as absolutely fresh.

The State Health Board Employs Dr. Levy.

The services of Dr. Julius Levy of Newark will be employed as consultant to the Division of Child Hygiene of the State Department of Health, it was decided recently by the State Board of Health. Dr. Levy, who is chief of the Newark Bureau of Child Hygiene, will begin his work at once in the employ of the State, although it has been agreed that he is to devote only a part of his time to the New Jersey division, for which an appropriation of \$25,000 is provided.

Dr. Lucius P. Brown Reinstated.—The Board of Health of the City of New York has reinstated Lucius P. Brown as director of the Bureau of Food and Drugs of the Department of Health. He was suspended on May 28th. on accusation by James E. McBride, civil service commissioner.

An Army of Civilians. There is no wall between the army and the civilian population. Now this is just as true of pneumonia, meningitis, and scarlet fever, as it is of the venereal disease; there is no wall between the two. The difference existing between the military population of this country to-day and the civilian is one of fluidity, and not of solidarity; and what we need is a centralized health department in some way or other. We should not think of anything less than that—V. C. Vaughn, M. D., in the Medical Fortnightly.

Vaccination and Variola in Mexico.—In the month of May, 1918, nearly 37,000 tubes of vaccine were distributed throughout parts of Mexico by the Federal Health Department. The actual number vaccinated in thirteen municipalities was 6,316, of which 5,230 were in Mexico City. Over one-half had been vaccinated before. The disease is not epidemic and but 21 deaths occurred from this cause in Mex-

ico City for May. But nine patients with variola were interned outside of the city in the hospitals for contagious diseases in the registration districts.

Child Care.—Things every mother must know if the nation is to meet the health needs of its children as indicated by the draft and still further revealed by the weighing and measuring test are made available to-day by the Children's Bureau of the U. S. Department of Labor in its new bulletin on Child Care, prepared by Mrs. Max West. A third of the men examined for military service in the first draft were found to have physical defects which rendered them unfit. Many of these defects might have been overcome if they had been recognized and dealt with in early childhood; the period between two and six is often the time when such defects make their first appearance. "Child Care" deals with children from two to six years old and is the third issue in the series which began with "Prenatal Care," and "Infant Care." It contains simple rules of health and hygiene, including carefully compiled directions about proper food, suitable clothing, suggestions for play and exercise, for discipline and training. It gives simple menus for young children.

Health and Taxes.—Individual illness places a tax upon the entire community. The prolonged sickness of wage-earners is apt to result in poverty for themselves and their families. Indigency and crime itself are often lurking in the trail of disease. National efficiency must rest upon the sound foundation of health. The reduction of sickness and death from preventable diseases should be the first step in our preparation for self-defense. Lord Peaconsfield said: "The public health is the foundation on which reposes the happiness of the people and the power of a country. The care of the public health is the first duty of a statesman."

In some States in the Union there has been increasing percentage of dependents as the States have become more thickly populated. In addition to the enormous losses from death due to preventable diseases when health laws are not enforced, there is a tremendous annual expenditure necessitated by this growing number of those who are unable to bear their part in the world's work. The insane, the feeble-minded, the consumptive and the pauper place a heavy burden upon the taxpayer. Provisions and expenditures which aid in the reduction of the things which sap the vitality of the nation will aid in preventing increased taxation for the support of the growing army of the unfit.—Michigan State Board of Health.

THE OCTOBER JOURNAL'S FINAL WORD.

The Kaiser says he will "Win or Die." He sees now he cannot win but he is not ready to die—he has not yet had that "dinner in Paris." The "Me and Gott" talk changed to "Mein Gott!!" in Mannheim, as the bombs fell and he fled to the cellar for safety.

BUY MORE LIBERTY BONDS TO HELP OUR BOYS TO WIN AND THE KAISER TO DIE

OFFICIAL TRANSACTIONS

OF THE
ONE HUNDRED AND FIFTY-SECOND ANNUAL MEETING
OF THE
Medical Society of the State of New Jersey

Held at the New Monmouth Hotel, Spring Lake, N. J.

June 25th and 26th, 1918

HOUSE OF DELEGATES.

Tuesday Morning, June 25, 1918.

The First Vice-President, Dr. Thomas W. Harvey, at 10.30 A. M. Harvey of Orange in the Chair.

The meeting was called to order by the First Vice-President, Dr. Thomas W. Harvey, at 10.30 A. M.

Opening Address: Dr. Thomas W. Harvey read this address:

Dr. T. W. Harvey: The meeting will please come to order.

The officers of the Society regret very much to announce that our President, Colonel Schauffler, has not been able to be present at this meeting. In his absence the meetings will be conducted by the Vice-Presidents, and we ask the favor of your assistance, and your forbearance, for any errors that we make.

It will be necessary in order to conceal the evidence of amnesia in your presiding officer, that each member in rising to speak to any question shall announce his name. It is also requested that such members will come up to the platform, for the benefit of the stenographer.

The one hundred and fifty-second meeting of the Medical Society of New Jersey is declared open.

The first item on the program is the report of the Committee on Credentials, Dr. Harry A. Stout, Chairman.

Dr. Stout: I would report that a legal quorum of twenty members representing at least four component societies, is present, and the Society can proceed to the transaction of such business as may be brought before it.

Reading of minutes of 1917 meeting: Dr. Thomas N. Gray stated that the minutes of the 1917 meeting had been published in the State Journal.

It was moved and seconded that the minutes as printed be approved and placed on file.

This motion was adopted.

The President: Report on Permanent Delegates—

The report of 1917 showed 150 permanent delegates. During the year 3 have died and 3 have resigned, making the number at present 144.

Those having resigned are Drs. Edward J. Ill, Thomas W. Harvey of Essex County and Gordon K. Dickinson of Hudson County. Those who died are Drs. Fred M. Corwin of Hudson County, David Warman of Mercer County and Theodore F. Livengood of Union County.

At their next annual meeting those county societies whose quotas (10 per cent. of the membership in good standing) are incomplete, will nominate a delegate or delegates sufficient to fill their quota. These nominees will be eligible for election at the annual meeting of the Medical Society of New Jersey in 1919, by presenting the required certificates.

Treasurers of county societies will note that the quota must be based on the number of members in good standing for the year 1919, not on the present membership, and that they must make strenuous effort to collect dues for 1919 from all members on or before January 1st, 1919.

The Secretary will notify, in advance of their annual meeting, those societies which now have a membership warranting additional nominees, of the number they must hold in good membership to keep this warrant good, and will also notify those societies whose membership is below the number to warrant nominations, of the number of new members they will have to enroll.

Respectfully submitted,

Thomas N. Gray, Secretary.

It was moved and seconded that this report be accepted.

This motion was carried.

*Election of Permanent Delegates—*The Secretary reported that no nominations for permanent delegates had been made.

*Report of Committee on Arrangements—*Dr. Samuel R. Knight of Spring Lake made this report, as follows:

Your Committee on Arrangements has made the usual arrangements for the entertainment of the members of the Society and its guests. I have secured, for those who want to play golf, the privilege of using the golf links for \$1.00 an hour, which

is one-half the usual rate. Arrangements have also been made for bathing. We had under consideration plans for an automobile ride for the ladies, but on the advice of Mrs. Gray this has been dispensed with, as she says the ladies all get enough automobile rides. It is probable that instead of the ride some arrangement will be made for them to play cards. I have taken the liberty to ask Dr. Costill to bring over from the camp some men who can dance for the evening.

So far we have very few exhibitors here. Indeed, I may say that so far I have seen only one exhibitor.

Our Mayor, the Hon. O. H. Brown, who is scheduled to make an address of welcome this afternoon, is unfortunately out of town, but Dr. Campbell will be here and make an address of welcome.

It was moved this report be received with thanks.

This motion was seconded and carried.

Report of Committee on Program—Dr. Thomas N. Gray presented this report, as follows:

The Chairman of your committee presents the program, which you have in your hands, as the work of the Program Committee.

A motion to accept this report was seconded and carried.

Report of Committee on Scientific Work—Dr. Alexander McAllister, acting Chairman, presented this report, as follows:

This committee has had several meetings and they have worked out the various papers on the program. One of the men who has worked especially hard is Dr. Harvey. He has given us excellent assistance. We have secured the speakers whose names you find on the program, and I hope and trust that you will be entertained by the numbers which we have here. The names of the readers of the papers are submitted as the work of this committee.

The adoption of this report was moved, seconded and carried.

Report of the Corresponding Secretary—Dr. Harry A. Stout said he would like to have this report deferred.

A motion to defer the hearing of this report was seconded and carried.

The President: Report of Recording Secretary—

To the Medical Society of New Jersey:

The number of members given in the 1917 annual report was 1,728. The total number of new and reinstated members is 111. There

have been 30 deaths, 4 removals from the State and there are 39 delinquents, making a total loss of 73, with a net gain of 38, and a total membership at this date of 1,766.

Atlantic, Bergen, Cape May, Cumberland, Essex, Gloucester, Hunterdon, Mercer, Middlesex, Passaic, Salem, Union have gained in membership, with Mercer, Atlantic, Bergen and Essex leading. Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Ocean, Salem and Sussex have no delinquents.

Eurlington, Camden, Hudson, Monmouth, Morris, Somerset, Sussex and Warren have lost, Sussex loss being due to deaths. Again this year Mercer with the largest per cent. of gain in membership with no delinquents, is the banner society.

On the first day of March the membership was but 1,219, as at that date there were 465 delinquents. I am compelled to give utterance to a fact that I have long kept to myself. The growth of over 600 in the membership of the Society during the five years of my Secretaryship, has been made by making the gain in new membership effective, by holding the old members. In other words, had your Secretary laid down and let the delinquents stay out, the membership in this report would have been not more than 1,400.

The work attending the gathering in of all but 39 of these 475 delinquents, was 720 letters; as some needed a second letter and some a third. I would not have given utterance to this fact to-day, were it not that the work this spring was very burdensome, and that I know such work is an unnecessary burden on the Secretary. I am certain the treasurers of the county societies would have fully as much success in getting delinquents to pay up, as your Secretary has had, if they would keep after them in a kindly, diplomatic manner. I have had treasurers write, when they sent to me their abbreviated lists, "A good many of the delinquents will pay up when you get out your letters." I am glad to say that there are a few treasurers who do not throw the burden of reclaiming delinquents on my shoulders.

I have noted in following the army news in the A. M. A. Journal, the large number of physicians commissioned in the Medical Reserve Corps from New Jersey, who are not members of the Society. I am certain this is a good time to make a drive for them, and I have projected as a part of the Secretary's work during the period of the war, a correspondence with them; but have up to this time hesitated because gaining these physicians as members, will represent all outgo and no income, since the Society has remitted the per capita assessment to those in service. Such a correspondence would make necessary an addressing machine. The Secretary's office this year sent out over 3,000 pieces of mail matter, and such a machine would be very acceptable for the ordinary work, but it is essential if the proposed correspondence is undertaken. I recommend the purchase of such a machine. I also recommend that county societies make all their members in service members also of the Society for the Relief of the Widows and Orphans of Medical Men and pay the assessments of the Society for them.

As this report carries two recommendations

I would like to have it referred to the Committee on Business.

Respectfully submitted,

Thomas N. Gray, Secretary.

Dr. Walter B. Johnson: I move that this report be referred to the Business Committee.

Dr. Costill: Before this report is referred to the Business Committee I wish to move a vote of thanks to the Secretary. We owe Dr. Gray a great deal, for he has not only kept up our membership but he has increased it during a year when this was a very difficult thing to do. It is due almost entirely to the efforts of the Secretary that we have been able to keep in touch with our county societies, and this has meant a great deal of work for him. I move a vote of thanks to Dr. Gray for his excellent work.

Dr. Johnson: I will withdraw my motion and accept Dr. Costill's amendment.

Dr. Costill: No, leave the motion, but just accept this as an amendment.

This motion as amended was seconded and carried.

The President: Report of the Board of Trustees.

The Board of Trustees reports that a meeting of the Board was held at the office of Dr. E. J. Ill in Newark on January 13, 1918. The time and place of the annual meeting of the Society was discussed, and Drs. Harvey and English were appointed a committee with power to make all necessary arrangements.

The Board sent greetings to our President, Dr. Schaeffler, Lieutenant-Colonel, M. R. C., Camp Beauregard, expressing the earnest hope that he could attend the annual meeting and, in case of his inability to do so, that he would send the Presidential Address by mail.

At meetings held in the New Monmouth Hotel yesterday, June 24, 1918, fifteen members were present. The following business was transacted:

Secretary Gray read his annual report which contained the following recommendations: 1. The purchase of an addressing machine to aid in the work of the secretarial office. 2. That our Society shall recommend to the county societies that they make all the members of their respective societies, who have been or may be engaged in our country's war service, members of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey by paying their initiation fee and the assessments while they are in the country's service.

The Board approved both these recommendations and commended them to the favorable consideration of the House of Delegates.

The Secretary also reported on Permanent Delegates.

Treasurer Mercer also read his annual report, showing a balance on hand January 1, 1918, of \$4,389.65, with two \$1,000 Liberty Bonds, and one Chicago and Alton Railroad

Bond. He also stated that the present balance was more than \$1,000 in excess of that amount.

The Board appointed Drs. Wilson and Marcy a committee to audit the Treasurer's accounts.

A bill of the Hospital Standardization Society for expenses, \$76.46, was presented and was referred to the Finance Committee.

On motion the salary of the Secretary of the Society, Dr. Gray, for the ensuing year was made \$600, to be paid in quarterly installments.

Dr. D. C. English was, on motion, re-elected Editor of the Journal, and the sum of \$1,400 was recommended as the proper amount to be paid for his salary and expenses.

On motion the Finance Committee was appointed as follows: Drs. E. J. Ill, Chairman; Chandler, Fisher, English and Gray.

Dr. Alexander Marcy was elected Chairman of the Board of Trustees for the ensuing year and Dr. D. C. English, Secretary.

We recommend to the Society that the Treasurer be directed to subscribe for two additional \$1,000 Liberty Bonds of the next issue.

The Editor called attention to the fact that many of the secretaries and reporters of the county societies had entered into the service of the country and temporary appointments had been made in some cases; also that the Journal failed to get reports of many of the local and county society meetings.

It was, on motion, recommended that the Society call the county societies' attention to the importance of sending to the Editor of the Journal a report of every meeting as well as any important information concerning the profession, occurring in their respective counties.

Tuesday Morning.

At a meeting held this morning the Auditing Committee reported that a careful examination of the Treasurer's accounts had been made and they were found absolutely correct.

The Board recommends that the Treasurer be directed to set aside \$1,000 of the Society's funds, subject to the order of the Board of Trustees; any portion of which money set aside to be used only for the relief of any families of our members who are in the service of our country, in case of need.

Respectfully submitted,

D. C. English,

Secretary of Board of Trustees.

A motion was made that this report be referred to the Business Committee.

Dr. Alexander Marcy: The recommendations contained in this report have already been referred to the Business Committee and reported upon favorably.

Dr. Chandler: As the recommendations of this report have been approved by the Business Committee, I move the adoption of the whole report.

This motion was seconded and carried.

The President: Report of Delegates to the American Medical Association.

Dr. William S. Lalor:

I have the pleasure of reporting that the meeting of the American Medical Association in Chicago was one of the most enthusiastic

meetings I have ever attended. It was certainly the most enthusiastic meeting they have had in six years. Dr. Costill and I represented New Jersey as well as we could. I was a member of the Reference Committee on Medical Education, and we did the best we could to keep up the standard of medical education in this country. It is not the purpose of the Council on Medical Education to lower the standard for the young men wanting to go into the Army as contract surgeons. It is thought that it is much better to have full-fledged medical men for these positions. We had the pleasure of hearing General Noble and Colonel Bunkhauser, and one or two other distinguished men, and they were all of one accord in regard to the matter of keeping up the standard of medical education and of weeding out the lower grade medical schools. Dr. Colwell and others are there all the time studying and working on the question of medical education and it seems rather a farce for a reference committee to pass on their work of the whole year.

When we had the election of a new president the decision was that as we had had a president who was an Army officer we ought to have one from the Navy, and Surgeon-General Braisted was put up and made a brilliant run, Dr. Lambert getting only three more votes than Surgeon-General Braisted. Dr. Lambert is certainly a great worker and all the older members were certainly pleased when he was nominated for the place, because he has done so much for the Society.

The A. M. A. plant is certainly fine. We watched the employees going out about dinner time. It is a sight worth seeing. They make a long report each day and it is printed in their own plant on Dearborn street.

Dr. Luther M. Halsey reported that he was not present at the meeting of the A. M. A.

Dr. Henry B. Costill:

I do not know that there is anything that I can add to what has been said. There was quite a good deal of activity in the contest between Dr. Lambert and Surgeon-General Braisted; it was very interesting and worked out very closely, there being a difference of only three votes in favor of Dr. Lambert. In regard to the report of the Council on Medical Education, it was thought that they had accomplished a satisfactory piece of work and had obtained very gratifying results. The American Medical Association disapproves of shortening the course for medical students, and it was decided that even under the present war conditions, which seemed to offer some excuse for curtailing the course, that it would not be best to shorten it. It was believed that shortening the course would be a step backwards and not a step forward.

There was one incident that created much interest and amusement, and that was a recommendation made by Dr. Welch of Kentucky in reference to the various health boards. He recommended that as the Government was taking so many men from the health boards and making the work of these organizations very difficult that the Association should go on

record as opposing the disintegration of health boards. It was brought out that this would leave the health boards in the position of being a refuge for slackers. That made an hour and a half fight that was very enjoyable. A motion was finally adopted that it was the sense of the association that the health boards should not be crippled in efficiency, but that physicians who were eligible for military service should not be held in health boards but they should keep the older men on the health boards, and this would not make the boards a cover for younger men who wished to come in out of the wet.

A motion to receive the reports of Drs. Lalor and Costill was seconded and carried.

Report of Committee on Honorary Membership.

Dr. Mitchell stated that there was no report to be submitted.

It was moved that as there was no one present to report for the Committee on Standardization of Hospital this report be deferred until later.

This motion was seconded and carried.

The President: Report of the Treasurer.

Dr. Archibald Mercer, Treasurer, in account with the Medical Society of New Jersey.

Cr.

Committee on Publication, A. A.	
Strasser, Chairman	\$3,500.00
T. N. Gray, Secretary, Salary	500.00
" " " Expenses	130.21
Orange Pub. Co.	97.50
Vreedenburg, Wall & Cary, legal exp.	539.53
" " " "	153.86
Albert C. Wall, Attorney	100.00
Burgois & Contomb, legal expenses..	250.00
Jas. C. Mitchell, legal expenses....	100.00
Jos. Stryker, legal expenses	100.00
Post & Flagg, Liberty bonds.....	3,000.00
Linn Emerson, for Red Cross.....	1,000.00
Mrs. Henry Bayard, Bulgarian Relief	1,000.00
Clara Bartlett	6.85
Ellen B. Smith, Public Health.....	10.00
Rose C. Vaughn	8.70
M. W. Newcombe	14.67
Thos. N. Gray, Programs	37.55
L. H. Manuel, typewriting	5.40
Alfred Moore (stereopticon).....	15.00
W. H. Izard, Councilor	39.12
C. C. Beling	22.00
James Hunter Jr.	28.50
Const. Co., Com. Publicity, Printing	11.75
James Hunter Jr., Publicity Com....	7.72
Alex. McAlister, Scientific Com.....	6.00
G. N. J. Sommer	1.10
H. B. Costil, Legislative Com.....	48.00
D. C. English, Sec. Board Trustees..	8.50
Harry A. Stout, Credentials Com....	61.50
Harry A. Stout, Badges	80.00
A. Mercer, Treasurer	28.32
Fidelity & Casualty Co., Treas. bond	7.50
Hotel Chelsea, Guests	42.60
Rev. L. B. Ferris	17.50
Geo. N. Cook, Stenographer.....	149.76
Victor C. Vaughn	27.00

Brought forward.....	\$11,156.14
Bank Balance, Jan. 1, 1918	\$4,389.64
\$1,000.00 Chicago & Alton bond.....	786.50
\$2,000.00 Liberty bonds, cost	2,000.00
	7,176.14
	<hr/>
	\$18,332.28
Dr. Vaughn's check not presented for payment.....	27.00
	<hr/>
	\$18,305.28

1917	Dr.	
Atlantic County Assessments.....	\$	255.00
Bergen " "		225.00
Burlington " "		131.00
Camden " "		261.00
Cape May " "		60.00
Cumberland " "		90.00
Essex " "		1,496.00
Gloucester " "		84.00
Hudson " "		765.00
Hunterdon " "		3.00
Mercer " "		231.00
Middlesex " "		201.00
Monmouth " "		126.00
Morris " "		204.00
Ocean " "		48.00
Passaic " "		381.00
Salem " "		84.00
Somerset " "		99.00
Sussex " "		60.00
Union " "		126.00
Warren " "		93.00

Com. on Publication by A. A. Strasser	\$3,098.67
Com. Arrangements refund 1916....	171.38
Orange Pub. Co. refund.....	10.25
Interest on Chicago & Alton bond...	35.00
Sale of Liberty Bond and interest..	1,010.99
	<hr/>
	\$ 5,023.00
	<hr/>
Cash Balance in bank Jan. 1, 1917.....	\$ 9,349.29
Interest on bank deposits	\$ 6,030.42
	<hr/>
	139.07

\$1,000.00 Chicago & Alton bond, 3½%, cost..	\$ 15,518.78
\$2,000.00 Liberty bonds, 3½%.....	\$ 786.50
	<hr/>
	2,000.00
	<hr/>
	\$18,305.28

Respectfully submitted,
Archibald Mercer, Treasurer.

It was moved that this report be received and placed on file.
This motion was seconded and carried.

The President: Report of Judicial Council—Dr. William H. Iszard stated that he had no further report to submit at this time except the report that was printed (See Jour. June, 1918, p. 209). The suit against Dr. Kelchner of Camden County has been dismissed from the courts. An order has been drawn in favor of Judge Wescott, who is defending Dr. Kelchner, and the money will be paid him by an understanding between Judge Wescott and Mr. Wall; it will be \$200 instead of \$250. That is all the regular report except the excuses of delinquents. I have received from the following permanent delegates excuses for absence from the sessions of 1717 and 1918:

William S. Disbrow, Newark;
John J. Broderick, Jersey City; D.
E. English, Summit; Alfred A.
Lewis, Morristown; H. H. Lucas,
Paterson; H. S. Washington, New-
ark; Wallace Pyle, Jersey City; E.
G. Wherry, Newark; J. T. Wright-
son, Newark; S. O. B. Taylor, Mill-
stone; E. Zeh Hawkes, Newark;
Edgar B. Grier, Elizabeth; Marcus
W. Newcombe, Browns Mills in the Pines; H.
J. F. Wallhauser, Newark; J. B. Morrison,
Newark; John J. Mooney, Jersey City.
Respectfully submitted,
Wm. H. Iszard,
Pres't Board of Councilors.

It was moved, seconded and carried that these excuses be accepted.
The President: The Councillor of the First District branch has recommended to the Business Committee that it should suggest to the Society the appointment of a committee to study narcotic drug addiction and to report to the Society. This sugges-
tion was favorably reported and adopted by the Society. The following members were appointed as the committee:

C. C. Beling, Newark, chairman;
C. A. Rosewater, Newark; David
E. English, Summit; W. E. Dar-
nall, Atlantic City, and T. E. Ded-
rich, Washington.

A motion to receive Dr. Is-
zard's report was adopted, also
the motion to appoint two mem-
bers to the Judicial Council.

Dr. Harvey: The Secretary
has a communication to read to
the Society.

Dr. Gray: I have just received
a telegram from Lieutenant-
Colonel Schauffler expressing regret at be-
ing unable to be present.

Dr. English: I move that we send a tele-
gram to Lieutenant-Colonel Schauffler say-
ing that the Medical Society of the State
of New Jersey sends most hearty greetings
to its President and deeply regrets his in-
ability to be with us and wishes him con-
tinued success as Lieutenant-Colonel in the
service of his country.

This motion was seconded and carried
unanimously.

Report of Committee on Business—*Dr. Frank M. Donohue:* The Business Com-
mittee has been unable to present a full report
on account of our inability to hold a meet-
ing, there being only two members who
could be present. We ask that the report
be presented later. Request was granted.

Report of Committee on Publication—

Dr. August A Strasser presented the report published in the Journal (June, 1918, p. 211), and following resolutions.

Whereas, The business of the Publication Committee has assumed very large proportions during the incumbency of its present chairman; and

Whereas, During these three years, the books and accounts have been audited only by the members of the committee; and

Whereas, While no discrepancy has at any time been shown, but justice demands both for the Society and for the committee a closer scrutiny of such books of accounts, therefore be it

Resolved, That the Medical Society of New Jersey authorize the Committee on Publication to secure and pay for the auditing of all books, accounts, vouchers and correspondence of the said committee by a certified accountant, and furthermore be it

Resolved, That the reports of such certified auditor be rendered in triplicate, one to the Society or its Trustees, one to the Publication Committee, and one to the Chairman thereof for filing same.

Whereas, The reserve copies of the Journal and its earlier transactions, to the value of many hundred dollars, and very large in bulk, have for years been deposited in a safe place on the premises of Dr. Chandler, a member of the Publication Committee, and have been so stored for years gratuitously, and,

Whereas, The place of storage is partly a source of revenue to said member at the present time, and

Whereas, It will be necessary to find room for the tons of material thus stored, or make it yield some revenue for the owner of the premises, and

Whereas, A precedent exists, in the payment years ago for such storage in another place, and

Whereas, Removal would be much more expensive than paying a moderate rental, be it

Resolved, That the Committee on Publication be authorized to pay a yearly rental of One Hundred and Twenty Dollars (\$120.00) for the keeping of the reserve publications of the committee to Dr. Chandler for such keeping of the old publications.

A Member: I move that the preliminary report of the Committee on Publication be received. I would like to make a protest against the reading of such reports as the Treasurer's report. They are published in the Journal and if just a summary were given here, it is all that is needed. The reading of such a report occupies too much time. I would like to say that the report of the Publication Committee shows that the Journal is paying, while many journals do not pay. I therefore think that this Society should make a record of the efficiency of Dr. Strasser and the Publication Committee.

Dr. Johnson: If the reception of this report carries with it an approval of the recommendation that we have a certified ac-

countant to go over the accounts, I would like to say that I believe our Finance Committee is sufficiently accurate and efficient and honest to suit us, and I do not think we need a certified accountant.

Dr. Norton L. Wilson: The Publication Committee is spending money for the storage of old copies of the Journal, or suggests that we pay for the storage of these Journals. Would it not be better to sell them?

Dr. Thomas W. Harvey: Would it not be better to refer this report of the Publication Committee to the Business Committee?

Dr. Wilson: I move that this report be referred to the Business Committee and that we give a vote of thanks to the Publication Committee of the Journal for its business efficiency.

This motion was seconded and carried.

Dr. Thomas W. Harvey: As temporary members of the Judicial Council I will appoint Dr. Johnson of Passaic County, Dr. Miller of Cumberland, and Dr. Wilson of Union.

Dr. Halsey: Gentlemen, there quite lately came into my possession an exceedingly interesting letter written by Dr Benjamin Rush on October 7, 1803, which I would like to read to the Society.

(The letter was read, but was not found among the Secretary's record and a copy has not been received up to the time of going to press. It will possibly appear in the next issue of the Journal.—W. J. C.)

Dr. Halsey: I move that this letter be deposited with the historical society and that plates of this letter be made for the Journal, so that each member of the Society may have a copy.

This motion was seconded and carried.

On motion adjourned until 2.30 P. M.

Tuesday Afternoon, June 25. 2.30 o'clock.

Dr. Thomas N. Gray: The Nominating Committee will meet this afternoon at 5 o'clock.

INVOCATION.

Rev. H. Clay Mitchell, Sea Girt: Heavenly Father and Director of the Universe, who guidest us in all our doings with Thy gracious and ready favor, further all our efforts with Thy continual help and may all our works be crowned with Thy blessing, and lead us to ever-lasting life. Oh, God of Hosts, guide our national affairs in this dark hour and so establish righteousness and justice, that we may in due time se-

cure an everlasting peace for the whole world. This we humbly ask in the name of Jesus Christ, our Lord, Amen.

Dr. Thomas W. Harvey: The Mayor, Hon. O. H. Brown, is out of town and cannot welcome the Society as was planned, but Dr. Campbell is here and will welcome us for the Monmouth County Medical Society.

ADDRESS OF WELCOME FROM THE MONMOUTH COUNTY MEDICAL SOCIETY.

Dr. William K. Campbell, Long Branch: Mr. President and members of the Medical Society of the State of New Jersey; it is indeed a very great pleasure to welcome you on behalf of the Monmouth County Medical Society, and on behalf of this county, and to offer you our hospitality. We welcome you much as a son welcomes his parent, for we bear you that love and esteem which a dutiful son feels toward a loving parent. As we cast our eyes over the great expanse of ocean it is with thanks that on this side, at least, we still have a measure of brotherly love, and while this great expanse of blue separates us from those of our countrymen who are now doing their part in this great drama, we stand ready to respond cheerfully when our turn comes. Every man of us will be found ready to do his duty. I hope that in 1919 Monmouth County will again have the pleasure of welcoming you in a happier time. Monmouth County welcomes you and at your departure will bid you God-speed.

Report of Committee on Standardization of Hospitals—Dr. Gordon K. Dickinson, acting Chairman, presented this report:

The Committee of the State Society appointed for the purpose of investigating the hospitals of the State, establishing a standard, and, in conjunction with the State Board of Medical Examiners, to bring about an uplift of the institutions, has been seriously hampered by war conditions. Two of its members have been compelled to withdraw themselves from active duty, and others being actively engaged in the examination of recruits. Then, again, by the hospitals of the State having difficulty in obtaining internes, and as this committee's work can be made effective only through the State law as it relates to one year of internship, it was deemed advisable not to reinspect and thereby disturb hospital conditions, but to wait until this world calamity had ceased. In the meantime, educational methods of reaching hospitals are in order.

We can report, however, that all the hospitals in the State quickly responded to past endeavors and through the echo of our work from the attending staffs there has been great progress.

Co-operating with our endeavor is that of

the American College of Surgeons, whose insistence has made hospitals realize the necessity of better work for the patient, better help for the attending, and an obligation which heretofore has not been fully appreciated.

The Committee on Hospital Standardization, in addition to its regular work, has been given the responsibility of studying into the question of training schools for nurses and their training and to act in this matter as seems wise. As a consequence, in the early winter a score or more of physicians and laymen interested in hospitals, were called together at Trenton. They made a tentative organization with Mr. Henry C. Moore as chairman, and Dr. Costill as corresponding secretary. Each man was given the privilege of stating his viewpoint, with the result that a sub-committee was formed to have an act drafted and presented at the coming session of the legislature.

The medical profession almost to a man realizes that the nurses have had the control of the selection and training and idealizing too exclusively, that they have the opinion that nurses should have complete charge, that they should tell the medical profession how the nurses should be trained and in what manner, what food should be given their minds, and how much attention should be given to ward work. The consequence is that they have made an ideal which has become an idol; preliminary education; in our State one year of high school, in some States two years. But no attention has been paid in the law to the training.

Preliminary education is valuable, but intelligence, celerity of mind, and a sympathetic warm nature, together with a strong desire to be helpful to the sick and to spend a life of devotion for them are seemingly as great, if not more. In this democratic country fighting for world democracy, it is quite evident that preliminary education is prohibitive when laid down by law. It is not democratic. It interferes with the proper production of nurses. It does not give each girl a square deal. (Incidentally, this holds for the medical profession as well as for the nursing.)

In these times when nurses are so needed and efforts are being made in other ways to increase the production, the fallacy of one year of high school should be appreciated, and every doctor in the land should use his influence against it.

Any competent superintendent of a hospital can gauge the nurse's intelligence and the propriety of her remaining in the school after a few month's probation. The law should be on the hospital which is conducting the training school. The law should compel the hospitals to come up to a standard; that the training schools should be standardized; that there should be a standard curriculum with more training in the wards and less cramming of medical matters soon to be forgotten; that there should be an inspectress of schools who should report on them and make this report public.

It seems to the members of the committee that this would be a true standard and much higher, and in the result of its application far reaching. As it is now we sense a tendency towards what simulates a labor union in the nursing profession: the "closed shop" idea;

and as we have here and there a twelve-hour rule or an eight hour rule, is not the profession getting away from its old ideals of a sympathetic relation to the sick, a life of sacrifice and devotion, and becoming more materialistic, talking and working for self rather than giving of one's self to the sick and the poor in trouble? Are they not making nurses for institutions, for office work, for superintendents, and forgetting that physicians need nurses for their patients, and patients need nurses for proper care and more certain recovery?

We can but see that in the future if the present ideas prevail an almost certain collapse and the organization of a new type of nurse founded on principles that are set forth in the Good Book, and in the heart of every honest physician.

Gordon K. Dickinson, Chm.

It was moved and seconded that this report be received.

Dr. Frank J. Keller: I would like to make a few remarks as I fully agree with this report. I know what Dr. Dickinson did when they tried to pass legislation in Trenton. You know that if one wants to do anything in regard to legislation, you must have a pull with the legislators. We were practically without any pull, and if you have ever tried to do anything in connection with legislation you will know what that means. We found that we were practically working against a close corporation of nurses. The superintendents of hospitals told us we could not kill the bill, and they said that the doctors wanted to lower the standards of nursing. They said they could get sufficient nurses, but the general opinion is that they cannot get enough nurses since the one-year high school is required. One doctor had a patient who was in the Legislature and the doctor told him that the medical men wanted the legislation requiring one year of high school for the nurses revoked. He said the legislators did not understand it that way at all and that no doctors had been to see them about it. He said the nurses had come to see them and wanted what would benefit them. This man said that the medical men should wake up, that the hospital superintendents and nurses were trying to have these laws passed over the heads of the doctors. Things have reached such a pass that we now have to employ a special nurse for different varieties of disease; a special nurse for operating, a special nurse for obstetrics, a special nurse for medical cases, a special nurse for almost everything. It has become a serious matter and I feel sure the doctors would rather have the kind of nurses we had ten years ago.

Dr. Harris: In some hospitals the medical staff runs the nurses and the nurses are the servants of the medical staff, and it is understood that the nurses are there to carry out the directions for the doctors. They occupy absolutely a technical position and are the servants of the medical profession undoubtedly, but circumstances have changed and in some hospitals the hospital superintendent and the nurses are running things. I know of one hospital in Long Branch where the physicians get what they want, and I know of another in which they get what the nurses choose to give them. Those are two different cases, and so it seems that so far as the nurses and the physicians are concerned it is a question of the survival of the fittest. I endorse what Dr. Dickinson has said and I think it is up to the medical profession to stand together and to make the nurses understand that they are our servants and are there to carry out our directions, and we will give them all the help we can. The way things now stand it is not only that the medical man cannot carry out certain treatment he wishes to pursue, but it resolves itself into two methods, one by which the hospitals are run by the nurses and the other in which the hospitals are run by the doctors. There should be a reciprocal relationship between the physician and the nurse by which each will do his or her duty and neither will seek control to the detriment of the other.

Dr. Emery Marvel: I understand the motion is to receive and file the report of the Committee. The question now being discussed is the nurse situation in the State. Is there any recommendation in the report? (Answer, no). I am a member of this committee, but I have never seen the report. There has not been a meeting of this committee this year, and the work which is reported has been done by Dr. Dickinson. As a committee report is presented, it is out of order to discuss how we shall solve the nursing problem. We have two committees on Hospital Study in the State, one, that of the College of Surgeons; and the other of the State Medical Society. I do not know exactly how to solve the nursing question. As a member of the committee I am not prepared to make a recommendation, and I think at present such a recommendation would be inopportune.

The motion to adopt Dr. Dickinson's report was carried.

A motion to continue the Committee on Hospital Standardization was seconded and carried.

Dr. Thomas W. Harvey: Dr. McCoy is absent. He is a member of this committee and this makes a vacancy on this committee. What do you wish your chairman to do?

It was moved that the Chair appoint another member on this committee*.

This motion was seconded and carried.

Report of Business Committee: Dr. Donohue presented this report. With reference to the recommendation of the Councillor of the First District that a special committee be appointed to study the question of narcotic drugs addiction, the Business Committee have decided to defer that until they have had a conference with Dr. Beling.

In regard to the letter from Dr. Martin asking for the co-operation of the Medical Society of the State of New Jersey in a campaign against venereal diseases, the committee approved of giving our co-operation.

Dr. Thomas W. Harvey: If we take this matter up we must prepare a plan quickly, and it seems to me that if the committee has no plan to suggest, by which we may co-operate, and anyone can think of a plan, it would be better to present it to the committee rather than to try to get up a plan here in the House of Delegates, or we might let the committee work up a plan.

Dr. Donohue (continuing the report): In regard to the statement of Dr. Strasser, we will defer action until we can have a conference with Dr. Strasser.

The committee registers its disapproval of the recommendation that we have an auditor to go over the accounts of the Publication Committee. The committee registers its approval of the other recommendations. (This report was adopted).

The Secretary read a letter from Dr. Franklin Martin

Subject: "Co-operation of Medical Societies in the Government's Campaign Against Venereal Diseases."

1. The Government's campaign for preventing venereal diseases among our military forces has demonstrated its value.

2. It has been extended, with the aid of the State, to protect the men of future drafts, the munition and other industrial workers, the food producers, and those engaged in the transportation and wire services, all of whom are indispensable for winning this war. And this campaign safeguards our women, the mothers of the new America.

3. The interest and support of all phys-

cians are essential to the greatest success of this work. It will, therefore, be most helpful to the Government if the subject of the Control of Venereal Diseases is considered at the coming meeting of the Medical Society of New Jersey.

4. Certain sub-divisions of that topic are indicated on the enclosed form. If any discussion of it is to be included in your program, we shall be happy to supply information in the possession of this committee to speakers who desire it.

5. We extend our best wishes for a very successful year.

By direction of Dr. Franklin Martin:

Paul B. Johnson, M. D.,

For the Committee for Civilian Co-operation in Combating Venereal Diseases, General Medical Board.

Dr. Dickinson: I would like to present resolutions that it is the sense of this Society that every hospital in the State should take into its wards, or into its clinic, active cases of venereal disease. We should go on record in this matter as heretofore this class of cases has been barred out as immoral. (These resolutions were adopted).

Dr. Emery Marvel: I move a committee of five be appointed from the Medical Society of the State of New Jersey to co-operate with the government officials in regard to the prevention of venereal diseases. (This motion was seconded and carried).*

Dr. Halsey: I offer the following resolutions for adoption:

Whereas, The State of New Jersey stands in dire need of an expert and uniform commitment procedure, based upon a medical diagnosis of its defective and delinquent wards to insure specialized provision in the proper institutions;

Be It Resolved, That the State Medical Society of New Jersey place itself on record as promulgating this principle by appointment of a committee of its members to draft a law to be presented to the New Jersey Commission of Charities and Corrections and to the Legislature advocating a traveling psychopathic clinic from the New Jersey State Institutions as a central clearing house—to sit in various State districts at stated and frequent periods to examine all cases—whether from courts, social, or charitable agencies, or at large as a preliminary procedure to Institutional commitment.

The adoption of these resolutions was seconded.

Dr. Beling: I would like to have Dr. Halsey tell us something more about these clinics for psychopathic cases. Just what are they to do?

*Owing to the subsequent death of Dr. T. N. Gray, two vacancies were made in this committee which were filled by appointment as follows: Major W. P. Eagleton, Newark, and F. J. Keller, Paterson.

*The following committee was appointed: Emery Marvel, Chairman, Atlantic City; Stanley R. Woodruff, Bayonne; A. Clark Hunt, Metuchen; W. K. Campbell, Long Branch; Wm. B. Graves, East Orange.

Dr. Halsey: It is simply a matter of looking after the cases that are brought into the courts and examining them mentally to see if they are proper cases to be turned over to the courts for commitment.

Dr. Beling: How about the places where there are already organizations doing the work? For instance, in Essex and Hudson counties there are already organizations doing this work.

Dr. Halsey: Where there are already organizations doing this work the proposed organizations would co-operate with existing organizations.

Dr. David C. English: I think this subject is well worth our consideration. Ohio was the first State to take up this movement. They have the best plan that has yet been devised for handling these cases and have set a very good example. If a committee is appointed I would suggest that they study the Ohio plan and follow it.

Dr. Halsey: There is no intention to work in opposition to such organizations as already exist, but we should work together to get the proper and exact status of feeble-minded individuals accused of offenses and brought to court. (These resolutions were adopted).

Dr. Issard: The minority report of the Judicial Council is in the hands of one of the members. It is a question between Dr. Johnson and Dr. Beling. The report is here and can be read.

Dr. Beling: Do you wish the report?

Dr. English: It would be proper and in order to have the report read this afternoon, and I would suggest that Dr. Beling read that report. There was a special meeting of the Judicial Council and it was resolved to approve of the minority report and its recommendations.

Dr. Harvey: In that case that ends the matter and, as I understand it, it is not necessary to bring the matter before the open meeting.

Dr. Emery Marvel: I thing it would be well to read the report.

Dr. Marcy: I move that the report of the Judicial Council be accepted. (This motion was seconded and carried).

Dr. Marvel: I move that the Secretary of the Councilors read this report.

Dr. Harvey: The Secretary of the Councilors has no business with this report. I hope that this motion will not be carried as a discussion of this kind never leads to any good.

The motion was lost.

The Society then went into general session and the following papers were read and discussed:

3.30 P. M.

GENERAL SESSION.

THE PROSTATE QUESTION.

Stanley R. Woodruff, Bayonne.

Discussion by Drs. W. J. Chandler, E. W. Hedges, W. F. Faison and R. S. Woodruff.

THE DUTY OF THE FAMILY PHYSICIAN TO THE PATIENT WITH HEADACHE AND EYE STRAIN.

Linn Emerson, Orange.

Discussion by Drs. A. W. Bingham, D. E. English, W. B. Johnson, T. S. Dedrick, E. W. Hedges, L. F. Coen and Linn Emerson.

Tuesday, 8 P. M.

PRESIDENT'S ADDRESS.

By Thomas W. Harvey, First Vice-Pres't.

ORATION IN SURGEY.

Prof. George D. Stewart, New York.

HOUSE OF DELEGATES.

Wednesday, June 26, 1918.

The meeting was called to order by the First Vice-President Dr. Thomas W. Harvey, at 10.00 A. M.

Report of Business Committee.

A motion to postpone the report of this committee until the second meeting of the House of Delegates was adopted.

The Secretary then read a note from Dr. Britton D. Evans.

Dr. Dickinson in the chair.

Dr. Johnson: I do not know who upset our bulletin board on which were the names of those who are in the service from this Society, some of whom have gone to the front, and many others of whom are in the service in this country. We should have that board up for it is with pride that we note that the Medical Society of New Jersey is as well represented as any society in the country. It is with pride that we point to the fact that many of us are still waiting to go when we get the request at a later time to enlist. Some will have to say that they are too old and some will have to say that they are too sick and too miserable, or something else. For those who are able to go and do not offer themselves it is altogether likely that there will be some arrange-

ment by which they will have to offer their services. We want every one to get into the service, but there is another aspect of the question. All those who are too old, or too sick or too miserable or too something else, should be drafted and assigned to duty in the cities where they live. I do not see why we should use our free will to do as we please and others give it up in the service of humanity. The giving up of our free will requires sacrifice. The young man inducted or enlisted into the service of his country has given up his free will and made sacrifices and every man, whether he is a doctor or not, should be ready to do what he is asked to do. The time for doing as we please has passed. We can fight just as hard at home as in the front line; it may not be as dangerous but we can fight just as hard, and there is no reason why every man in the State Society should not put himself at the service of his country, for there will be an adjustment of conditions in the State and every available man should enlist to meet the needs of the State. I just throw this out as there is a possibility of such a call and I know the Medical Society of the State of New Jersey will be ready to submit to a selective draft.

Dr. Dickinson: I also will take this opportunity to say something for Uncle Sam. We have been told that the man who goes to the front runs a danger. In France almost every physician has gone to the front. We are told that in England every service flag has crepe on it. Now the man who does not volunteer is going to have a deuced hard time of it in his own community. Every one is going to expect him to enlist and is going to ask "why" if he does not enlist. We have not completed the list of doctors. Washington now wants 100 men. At the time of our last meeting we had some 200 to pick from. We will have to have some 200 or 250 to pick from in order to get the next quota. In Morris, Essex and Monmouth counties every man signed up.

"John Bull," an English periodical on the type of "Life" and "Judge," shows a cartoon of a slacker who gets behind his dependents. This picture in John Bull shows a man sitting in his easy chair, smoking and making himself thoroughly comfortable, while in the room about him a number of aunts and cousins are busying themselves. Underneath the picture is written this legend, "This little pig stayed at home."

In a little over a year it is not too much to say that the man who has not given his name will have to give a good reason or he

will not occupy much of a place in his community and this is a thing that must be thought of. Every man, no matter what his position, or age, or family, should sign up.

I have another thought and that is that if the boards of hospitals do not get together and find a way of readjusting things they are going to have a very hard time. I would suggest that the hospital boards of managers start in and do something.

Dr. English: Dr. Johnson said something about taking down the board with the names on it. There were some names omitted that should have been on the board and there were several errors. I think you will realize that it is not fair that any names should be omitted. If there are such omissions I hope you will let us know at the earliest possible moment so that we may make the list complete. That is why the board is down.

Dr. David C. English: I wish to present the following resolution:

Resolved, That the Medical Society of New Jersey, in annual meeting assembled, sends its most hearty greetings to the members of the Society who are engaged in the service of our country; that we as members of the Society recognize their practical patriotism and the great value of the service they are rendering; we wish them the highest possible success in their work and their return in health and strength in due time to their work in the home field, and their association with us in the Society's activities.

The Secretary read telegram from Dr. Marvel.

The Society then went into general session.

Wednesday, June 26, 1918.

10.30 A. M.

THE INVOLUNTARY NERVOUS SYSTEM AND ORGANO-THERAPY.

Prof. John Rogers, Jr.,

Cornell University, New York.

THE PHYSICIAN'S RESPONSIBILITY IN MATERNAL AND INFANT WELFARE AND MORTALITY.

Philip Marvel, Atlantic City.

Discussion by Alex. Marcy, Jr., Riverton; E. H. Harvey, Atlantic City, and George H. Sexsmith, Bayonne.

ACIDOSIS IN INFANCY.

Julius Levy, Newark.

Discussion by Theodore Teimer, Newark, and Arthur Stern, Elizabeth.

STATE MEDICAL SOCIETIES AND LEGISLATION.

Prof. John M. Baldy, Philadelphia.

Wednesday afternoon, June 26, 1918.

Dr. Thomas W. Harvey in the chair.

Report of Nominating Committee: The Committee recommended the following officers for the ensuing year:

President, Dr. Thomas W. Harvey, Orange; First Vice-President, Dr. Gordon K. Dickinson, Jersey City; Second Vice-President, Dr. Philander A. Harris, Paterson; Third Vice-President, Dr. Henry B. Costill, Trenton; Secretary, Dr. Thomas N. Gray, East Orange; Corresponding Secretary, Dr. Harry A. Stout, Wenonah; Treasurer, Dr. Archibald Mercer, Newark. Councilors: First District, Christopher C. Beling, Newark; Second District, F. H. Todd, Passaic; Third District, Edward S. Hawke, Trenton; Fourth District, Wm. H. Iszard, Camden; Fifth District, James Hunter Jr., Westville. Committee of Arrangements to be appointed by President. Member Committee on Program, 2 years, Walt P. Conway, Atlantic City. Member Committee on Scientific Work, 3 years, Charles J. Kane, Paterson. One member of Committee on Publication, 3 years, A. A. Strasser, Arlington. Two members of Committee of Legislation, 3 years, Thomas Lee, Camden; A. Garrett Miller, Millville. Two members of Committee of Public Hygiene and Sanitation for 3 years each, Henry H. Lucas, Paterson; Alexander McAllister, Camden. Delegate to A. M. A., 2 years, William S. Lalor, Trenton. Alternate delegate to A. M. A., G. H. McFadden, Hackensack. Two delegates to Pennsylvania State Medical Society, H. A. Stout of Wenonah, and Howard F. Palm of Camden. Anyone desiring to attend any society meetings of neighboring States, should notify Secretary of Nominating Committee, George T. Tracy, Beverly, N. J., and credentials will be forwarded from the Secretary of New Jersey State Society.

By unanimous vote of the Nominating Committee, it was decided that Dr. T. N. Gray, Secretary of State Society, communicate with Drs. John C. McCoy, William A. Clark, Elias J. Marsh, J. Boone Wintersteen, acknowledging our appreciation of their faithful and valuable services in past and with best wishes for highest success in the Medical Officers' Reserve Corps.

Time and place for annual meeting in 1919 is referred to Board of Trustees for decision.

On motion the nominees were elected and the recommendations were adopted.

It was moved and seconded that these men be declared elected. (Carried).

Dr. Thomas W. Harvey: Dr. Beling has asked that a committee be appointed to study the question of drug addiction. Dr. Beling may appoint his committee.

It was moved and seconded that the report of the Board of Trustees, which was adopted the previous day, be reconsidered as there was an amendment to be presented.

This motion was seconded and carried.

Amendment: Dr. English read this amendment:

The Board of Trustees at a meeting held this noon reconsidered its former action on the

salary of the Secretary of the Society, Dr. T. N. Gray, and after discussion voted unanimously that Dr. Gray be paid \$950 for the ensuing year, said amount to include the salary and all expenses of the Secretary's office.

They also recommended that Dr. W. J. Chandler be paid \$100 for the storage of a large quantity of the Society's publications, etc., up to and including the year 1918, and they appointed a committee of two to visit the place of storage and report to the Board as to the future preservation and storage of such property.

The Business Committee recommends that the Society reconsider our former action and approve this action of the Board of Trustees:

Respectfully submitted,

D. C. English, Secretary of the Board.

It was moved, seconded and carried that this amendment be adopted.

Dr. Harvey: I have been asked to appoint a committee to co-operate in the establishment of psychopathic clinics which will act in conjunction with the courts and will examine those charged with crime in respect to their mental condition. On this committee I will appoint the following:

Dr. Luther M. Halsey of Williamstown, Dr. Madeline A. Hollowell of Vineland, Dr. David F. Weeks of Somerset, Dr. E. Moore Fisher of Morris Plains and Dr. Christopher C. Beling of Newark.

The following report was received from the chairman of the Committee on Legislation:

Spring Lake, N. J., June 24th, 1918.

To the Board of Trustees of the Medical Society of New Jersey:

During the session of the legislature there were introduced the usual bills bearing on medical problems, such as the Anti-Vaccination, Drugless-Therapy, and the Chiropractors, all of which failed to receive favorable consideration.

The Osteopaths introduced a bill similar to the one passed last year and vetoed by the Governor. This merely provided that the prosecution of irregulars in their school shall be conducted in the same manner as that conducted by the State Board of Medical Examiners.

The only bill introduced by your Committee on Legislation was the so-called Nurses' Bill. This bill had its origin in a conference held in Trenton last December by surgeons and laymen representing the majority of hospitals in our State.

At this conference it was the opinion of those present that there should be some change in the law governing the instruction and registration of nurses, furthermore, that the curriculum at present in use in the hospitals in this State was quite technical and not sufficiently practical in bed-side instruction.

Also that the physician being responsible for the education of a nurse should take part in the examination for her final degree of R. N.

That to keep up the standard of the curriculum it would be necessary to provide for an Educational Inspector of Training Schools.

These conditions were all provided for in the bill.

The preliminary educational qualifications which under the present law require, in addition to a grammar school education, one year in high school, does not always give us the best qualifications for pupil nurses—the arbitrary requirement of one year in high school preventing many girls who in every other respect would be qualified to enter training.

We believe this would be very much better left to the decision of a Supervising Nurse who under the proposed curriculum would examine the girl as to her educational qualifications prior to her entering a training school.

This, of course, was the bone of contention with our nurses and this is the point which they insisted upon retaining in the hearing on the bill.

The nurses had sufficient influence to prevent its passage.

Respectfully submitted,
George T. Tracy, Chairman.

Dr. English: I move we extend the thanks of the Society to our Acting President for the manner in which he has presided over the deliberations of the Society and also I move a vote of thanks to the management of this hotel and to the Committee on Arrangements for their services.

Dr. Harvey: I am willing to thank the Committee on Arrangements and the hotel management, but I think no member of the Society should be thanked for doing his duty.

Dr. English: I will assume authority. All who are in favor of the motion to thank Dr. Harvey please signify by saying "Yes." Those opposed "No." The motion is unanimously carried. (The motion to thank the management of the hotel and the Committee on Arrangements was carried).

Dr. English: Our dues last year were \$2.00, and we have bought more Liberty Bonds and we have set aside \$1,000 for the families of men in the service. I wonder if one dollar would not be enough, with one dollar for the Journal; a total of two dollars as the annual dues.

Dr. Newton: I move that this matter be left to the Trustees.

Dr. English: It is customary every year for the Society to pass upon the amount of the dues for the ensuing year. We might make it one dollar unless the Trustees find it necessary to increase the amount. Some societies have increased their dues lately. Rhode Island has gone up to \$10.00.

Dr. Harvey: We have a motion before us to refer this matter to the Trustees.

Dr. English: I would move that we have the dues the same as last year if Dr. Newton would withdraw his motion.

Dr. Harvey: He does not seem to want to do it.

Dr. English: It is a question whether the Trustees want to take the responsibility of settling the question of dues. This has always been done by the Society.

It was moved and seconded that the motion to refer the matter of dues to the Trustees be laid on the table.

This motion was carried.

Dr. English: I move that the dues for the coming year be the same as last year.

This motion was seconded.

Dr. Newton: I ask for a division.

Dr. Harvey: You shall have it.

The motion was carried.

Dr. English: I made this motion for several reasons. We may not have so much cash on hand but we have bonds which we can dispose of if necessary or the Board of Trustees can vote more money. We would have sufficient money if we have one dollar for the Society and one dollar for the Journal. The law requires that we get one dollar for the Journal from every subscriber, so the motion was put in that way.

Dr. Stout reported that the attendance had been as follows:

Permanent Delegates, 96; Annual Delegates, 32; Fellows, 12; Officers, 7; Associate Delegates, 96; Guests, 166. Total, 409.

Dr. Geo. E. Reading, Gloucester County: There is a matter that I want to bring before this Society. It pertains to biological products. As things are now we cannot be sure that these products are as represented unless a competent medical man has supervision over the manufacture of such products. I know of one institution in Philadelphia where they have only a veterinarian. That man, to his credit, brought the matter to my attention. He felt that he was not competent to have such responsibility. I think we should take some steps to register our opinion that the manufacture of biological products should be under the supervision of some capable medical man. If we insisted on this firmly the manufacturers would yield and place such man in charge of this work. I therefore move that it is the sense of this Society that all manufacturers of biological products should place that department under the care of a competent Doctor of Medicine. (This motion was seconded).

Dr. Harvey: I think there should be some discussion on this motion. There should be some provision by which the use

of drugs made in this State, without proper medical supervision, may be avoided.

Member: Are these houses not all under Federal lincense?

Dr. Frank J. Keller: I believe this matter rests with the biological firms. If the biological firms are made to understand by each individual man that their products will not be bought if their manufacture is supervised by a veterinarian they will be ready to have a doctor supervise the manufacture of these products. Reliable chemical firms take great pleasure in showing us through their laboratories and having us see how carefully the work is done. I think that if these firms know that we wish this work done by a doctor they will be very ready to comply.

Dr. Coen: Such an expression of opinion will bear more weight if it comes from the whole Society than if it comes from individuals.

Member: I think that perhaps it would be a great help if the State Journal would publish the names of firms that are not properly regulated and supervised.

Dr. English: If we did that, the State Journal might have a libel suit on its hands.

Dr. Harvey: The motion is to the effect that the Society disapprove of biological products made by any firm that does not employ a medical man to supervise their manufacture, and it has been suggested that the Secretary of the State Society be directed to write to various firms asking for details as to whether they have this work properly supervised and to publish in our Journal the names of those who do not employ a Doctor of Medicine.

Dr. Clarke: The Government sets a standard for these products and the manufacturer must adhere to that standard.

Dr. Reading: The firms are licensed, but there is no supervision. The manufacturer just guarantees that they are up to the standard over his own signature.

Dr. Keller: I think we should come back to the original point, and that is that a medical man only should supervise the manufacture of these products.

Dr. Chandler: I feel that we are proceeding on dangerous ground. We would like to have action taken if we knew our ground, but I think as it now stands it would be better to defer action until we get further knowledge.

Dr. Yates: Under the motion as it stands the Secretary would write to the firms and the Journal would publish the names and the reader would get information. I think that this motion provides a way of getting exactly the information we need.

Dr. Ryan: A veterinarian often knows just as much about the technic of making these products as a medical man, and often a medical man does not know as much about this as the veterinarian.

This motion was lost.

The House of Delegates then adjourned. The Society then went into general session.

3.30 P. M.

GENERAL SESSION.

ADDRESS OF THE THIRD VICE-PRESIDENT—IS IT GOOD PRACTICE FOR THE SURGEON TO PERFORM VISCERAL EXSECTIONS AND RESECTION WHILE THE VISCERA ARE INFLAMED?—With special reference to the removal of the gall bladder, appendix vermiciformis, fallopian tubes, uterus, etc., etc.

Philander A. Harris, Paterson.

ORATION IN MEDICINE—WAR STRAIN AND SHELL SHOCK.

Prof. M. Allen Starr,

Prof. Neurology, Columbia University.

PATRIOTIC ADDRESSES BY

Joseph MacDonald, Jr., Major M. R. C., East Orange; Dr. F. F. Simpson, Major M. R. C., Pittsburg, Pa., Secretary Medical Department, National Council of Defense, and Dr. Harold D. Corbusier, Major M. R. C., Plainfield.

The Society then adjourned sine die.

THOMAS N. GRAY, *Secretary.*

8 P. M.

BANQUET.

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THE PATHOLOGY OF EPIDEMIC INFLUENZA.

BY ARTHUR R. CASILLI, M. D.,

Acting Director, Pathological Dept., Newark City Hospital Laboratories.

It is my desire to record briefly some facts on the Pathology of Epidemic Influenza. The disease is caused by the bacillus influenza primarily, but certain other micro-organisms appear and determine the death of the patient. I shall make this clearer later on. The onset is often abrupt, sometimes insidious. After a period of incubation, and an acute onset characterized by chills, fever, marked prostration, severe frontal headache, muscular pains and sore throat, the patient takes to his bed. Watery eyes and coryza soon appear. Epistaxis is present in a large percentage of cases, cough is an annoying symptom. The fever is high and the pulse is rapid. There is nothing characteristic about the temperature; it may fall by crisis or by lysis. The bowels are sometimes constipated, sometimes loose. Vomiting is common; delirium is often present. The disease may stop here and the patient is soon put on the road to recovery, or it may be complicated by bronchopneumonia or lobar pneumonia. In the latter complications, death usually supervenes. The disease is especially fatal in the pregnant, abortion being the rule, with a fatal termination. Of twenty cases, admitted at the hospital, all died in this fashion. Of one hundred and forty-three deaths at the hospital, the majority were between the ages of twenty and thirty years. The ages of the other dead fluctuated between fourteen and sixty years. Children are more fortunate. Of eighty-nine cases, six died. No age is immune from the disease, but the old are less frequently attacked.

Pathology—The autopsist often sees on

the death table a strong individual between the ages of twenty and thirty years, whose pad of fat is well represented and the frame and musculature well developed. Two cases, Protocol No. 2042 and 2045 show moderate subpleural edema. In the above cases all five lobes are affected with a lobar pneumonia in the stage of red hepatization. Not even a spot of the original feathery and crepitant lung is present. The lung feels solid but is friable. Sections sink in water. The cut surface is brick red in color and finely granular. On squeezing, sanguineous serous fluid freely exudes. This explains the expectoration of bright red blood. No pleuritis occurs in these two cases, but subpleural patchy hemorrhages are present. The mucosa of the bronchial tree is acutely inflamed. The peri-bronchial glands are edematous. The stage of red hepatization is not a common finding in autopsies of the classic frank lobar pneumonia, but here the work of destruction is so rapid and fulminant that both patients died before the stage of gray hepatization was obtained. In the same two cases the right heart was immensely distended with dark fluid blood and clots. The outer border is about four cm. distant from the right sternal margin. The muscle tissue of the ventricles shows the parenchymatous changes that go with acute infections—the muscle is pale and cloudy as though dipped in hot water. The heart muscle then is not only handicapped by the toxins of the disease but is also mechanically handicapped by its inability to pump blood through the solid lung. It is no wonder that these patients are so dyspneic and cyanotic. Acute splenitis is present. The organ is about one-third larger than the normal. On section, the numerous gray lymphoid follicles are especially prominent upon the purplish red pulp. The kidneys are swollen. The capsule strips off easily, leaving a gray cor-

tex studded by its numerous stellate veins. On section the cortex everts as though released of some pressure. It is swollen and the vasa recta are well seen. The whole cut surface is cloudy and pale gray. The kidney has undergone acute degenerative exudative changes. The liver and the other glandular organs have undergone parenchymatous degenerations. This is a typical end result of the epidemic influenza.

Not all the cases presented the same change in the lungs, although the heart and the rest showed the same changes above described. In one case there was bronchopneumonia, lobar pneumonia and a large amount of edema. The left lower lobe was in a stage of red hepatization, the upper left lobe in the stage of congestion. The right lower and middle lobes were affected by solitary and confluent patches of bronchopneumonia, while the upper lobe was very edematous. In another case, the left lower lobe and the other lobes of the right lung in the stage of red hepatization. In the same case, there was bile inhibition in the liver and jaundice throughout (toxic jaundice). The pelves of the kidneys were studded with numerous petchial hemorrhages and the mucosa of the bladder was hemorrhagic throughout.

It is often remarked that the pathologist is a bad prognostician because he only sees the end result. In reply, I would like to say: Prevent these end results!

Bacteriology—In four cases carefully studied, the influenza bacillus pneumococcus and streptococcus were found, in cultures from the lungs removed at autopsy. What relation these organisms have to each other is a question still to be answered. Grassberger has pointed out that the influenza bacillus grows abundantly and to an unusually large size in the presence of staphylococcus aureus. Pneumococcus and streptococcus favor the growth of the bacillus. Dieulafoy on the other hand was inclined to believe (in the epidemic of 1889-90) that influenza and pneumonia were two independent epidemics occurring at one time. The bacteriological findings and the age of the patients substantiated his theory. Furthermore, it is pointed out to-day that the streptococcus found in these cases is really type IV pneumococcus. Here I shall discontinue, for this immediately brings us to the mutation theory—the discussion of which is too long and not conclusive.

Immunology—Cantani inoculated guinea pigs subcutaneously with virulent growths of the influenza bacillus killed at 56° C.

Many animals did not survive the process of immunization, but those that did were able to tolerate hundred lethal doses injected intraperitoneally. This is the foundation of immunizing normal individuals with the vaccine of influenza bacillus now in vogue. It must be remembered, however, that lower animals are immune against the bacillus (Pfeiffer). Kolle and Delius, on the other hand, failed to immunize animals.

It would seem rational to think from a survey of the disease that normal individuals ought to be immunized against the influenza bacillus by the gradual increasing doses of the dead bacillus subcutaneously. The sick should be given streptococcus and pneumococcus serums. Unfortunately the streptococcus serum has proven worthless and of the pneumococcus we only have that of type I.

I am indebted to Dr. Richard N. Connolly for his valuable assistance in working out the bacteriology of the cases reported and to Dr. Nicholas Del Deo for furnishing me the clinical material.

AFTER DINNER ADDRESSES.

Delivered at the Annual Banquet of the Medical Society of New Jersey, at Spring Lake, June 26, 1918.

BY REV. DR. JOHN F. PATTERSON,
Orange, N. J.

I am to speak to you upon the significance of America's entrance into the war. Up until this time in our history, in any of the wars in which we have had a part, some accusation of selfishness might be lodged against us. Even in the Civil War it might have been said, doubtless was said, that the North wanted the Union preserved that by the inclusion of the South, the North might thereby be advantaged. But in this war we are free from the charge of having our eyes upon material profit. We have no political disputes to settle, no vengeance to wreak on an enemy, no conquest to gain by which our possessions will be increased. The only reason we are in the war is that it may be settled for all time whether right or might shall prevail in the world among nations and individuals, as the great ideal; whether justice shall have a hearing or whether it shall be ruled out of court; whether an autocrat shall sit on the throne of the world with mailed fist and with fiendish glee, outraging all the noblest convictions and all the finest sentiments imbedded in the heart of

humanity; or whether the voice of all the people shall be heard expressing itself in advocacy of the reign of righteousness in every part of human life. It may be said that it was the thought of self-preservation that forced us into the war; that it was only by taking up arms against the stealthy, insidious encroachments of a great nation upon us, eager to dominate us, that we could have our national existence safely secured to us; that if we had not been mindful of our own survival, we never would have gone into the war at all.

No attempt need be made to deny the statement that the idea of protecting ourselves against the despotic militarism of Germany and of keeping intact our democratic institutions entered into our national consciousness. We knew—and we still know—that if Germany should win the war our nation would be greatly imperilled. We are not blind to the danger that would confront us as a nation if we were made in any wise subservient to the empire that governs by the inexorable law that might is right, and that is seeking to get its clutches upon every nation in the whole world. We do well to be mindful of the menace that threatens us and to remember that when the domain of liberty and justice is invaded, we need not expect to escape. But however much the thought of self-preservation has weighed with us in our entrance into the war has ever since been in our minds; it has not been the controlling thought. We are too great a nation; great in all that constitutes true greatness; too broad in our sympathies; too considerate of the needs and rights of humanity, to make our own safety the sole, or even the dominant, reason for taking up arms in a mighty world war. We are in this war for the safety of the whole world. We are making the greatest sacrifice we can possibly make, in order that it may be determined whether the rights of different nations, of different races shall be respected; whether treaties made with other countries shall be regarded as so sacred that they cannot be violated with impunity; or whether these rights and treaties shall be transgressed and brutalized by those who sit in the seats of a mocking and defiant despotism.

We believe that this is a war in which the great enemy of humanity is hurling his thunderbolts against all that is holy in human life, and, believing as we do, that justice and righteousness must prevail among nations, as among individuals, and that while each nation may choose the form of

government that suits it best, it must have respect for the rights of every other nation, and not trample ruthlessly over them; and that when a nation violates these rights and makes it clear that it cares nothing for truth and righteousness and justice, it must be resisted and subdued. We have sounded out the trumpet call to battle and have taken our place with those who are the first to feel the effects of the brutality and bestiality of this monster of national injustice and dishonor. We are in this war, therefore, in full recognition of the fact that it is a war of principles. We are fighting only because there is no other way to put to death principles that are fraught with the greatest possible disaster to the world. If we did not so fight we would not be worthy of the great name we have among the nations of the earth and of the glorious heritage that has come down to us from our fathers. We are fighting, not because we *want* to fight, but because we *must* fight; it would be dishonorable in us in this crisis in the world's history not to fight. The eyes of the nations that have been bruised and battered, stripped and despoiled of their most treasured possessions by this enemy of mankind are turned toward us, to help them win this crucial contest. With nothing of a material advantage to gain for ourselves; asking nothing, expecting nothing that will inure to our wealth or our territorial extent, we take our sacrificial stand in this war and battle for the great, undying principles of justice, righteousness and liberty. We set up our banners in the name of God, because it is for the cause of God that we are fighting. It was for this cause that Christ came to earth and shed His precious blood—the cause of righteousness which the devil opposed with all the cunning craftiness, all the brutality and cruelty of which he was capable.

This is no ordinary war in which we are engaged. This is the war of the ages. We are partners with the right in the age-long conflict of truth against falsehood, of righteousness against unrighteousness, of heaven against hell; a conflict which we believe has reached its climax in this war and which makes the issues involved and the determination to be reached clear and conspicuous. It would be to our everlasting disgrace as a nation, committed as this nation is, and always has been to these very principles of justice, righteousness and liberty not to have a commanding and a decisive part in this war. We believe that if Washington were here he would have been the first to

speaking in advocacy of our entering this war; for it was for these same principles, in another form, that he contended so nobly and successfully in his day. We believe also that if Lincoln could return to us now, he would with characteristic courage and consecration counsel this nation to do just what it is doing as to this war, and that he would urge us to give the fullest measure of devotion to preserve the principles which are now at stake. Inspired thus by the heroism of the great leaders of the past and their unswerving loyalty to duty, feeling that they are looking down upon us from the battlements of heaven; conscious of our Divine calling to take part in this war, we go forth in full confidence that God is with us and that we have a right to set up our banners in His holy name.

Furthermore, we believe that our cause can be won only through sacrifice. The stars and stripes on our national emblem speak to us louder than words can do of glory and sacrifice—of glory by means of sacrifice. We are going forth declaring that this war of principles and ideals can result victoriously for the right only by our making the supreme sacrifice. The American people as a whole have responded nobly to the sacrificial calls made upon them, that this war may be won, cost what it may. They have risen to lofty heights in giving to the various causes that have been prescribed to them. Such giving has never been known among the people throughout the land before. Vast sums of money have been given by individuals in other days for the building and endowment of educational and charitable institutions, but never before has the sacrificial note sounded throughout the entire life of the nation and caused money to be poured out like water as it has been since our nation's entrance into the war. The nation has also shown the sacrificial spirit in its conservation as well as in its expenditures, and things that a year ago were regarded as necessary have been given up. It is in such a sacrificial spirit of giving and conserving that the nation must go forward. Some have gone the entire length in sacrifice, willingly giving their sons with a sense of honor accompanying the gift; all the people must be possessed by the same spirit of sacrifice that has prompted this noble and supreme gift. Probably the next few months will mean more to the world than the same length of time has meant since Jesus died on the cross of Calvary. The fate of humanity is being settled now. It is soon to be determined

whether might is right or right is might; whether material or spiritual ideals shall be in the place of power. Surely we must all feel the tremendous importance of these days and of the far-reaching consequences that are to issue from the course of the battle. Therefore we are to be at our best morally and spiritually, full of faith and hope and courage, gladly taking our place in the line of sacrificial service.

ADDRESS

BY PROFESSOR SAMUEL W. LAMBERT, M. D.,
Dean of the Medical Department of Columbia
University, New York City.

Unfortunately there are more pre-systolic murmurs than four pound trout. I follow Dr. Patterson because that is the optimistic point of view when the doctor follows the minister. When the minister follows the doctor that is death, but when the doctor follows the minister, that is life.

The only thing, except fishing, I know much about is medical education. I would like to talk about the influences of war on medicine, on the medical man, on the hospital, on the practice of medicine and on medical education. We have heard a great deal this afternoon about what the medical men have done in the army, what they will have to do and that it is well for them to know their medicine. We were told that all pretended to be specialists and that everybody had to learn a great deal that was not medicine and that all who went into the army had to learn to be soldier doctors. We were told that they had to learn paper work, and we who are not in the army have to guess what that is; we who are not in the army also have to learn a great deal; we have to learn what all these insignia mean. I have heard that some soldier said he understood what the crossed rifles meant and he understood the crossed cannons and he thought he understood the corkscrew, but what those fellows mean with a house on top was more than he could remember. I think I recognize some here who belong to the corkscrew brigade. I have another story about insignia. Coming over the ferry from Hoboken, which was formerly German, were a number of colored soldiers. Two seemed to be encouraging the other who was depressed. Among other things he said: "Cheer up, Uncle Sam will take care of you. See all the men labeled U. S. N. A. U. S. N. A. means "Uncle Sam's Nigger Army."

But let us get back to the doctors. The doctor is going to understand discipline bet-

ter than ever before; he is going to know how to obey as well as command. If I were talking to laymen instead of to professional men I would have said "boss." What we medical men are going to acquire from the army is a better system of taking care of people, a better system of taking records of what we see and hear and should record about our patients. The whole population is going to be better for that education which doctors and hospitals have been going through and are now experiencing. The hospitals are having a very uneasy experience. They are losing internes and physicians and surgeons and they do not know where they are going to come out, but they will have to come out to a more military basis than ever before. We always have had in the hospitals a kind of military organization. We have had a regular pyramid service, beginning with the juniors and nurses and going on up to the head surgeon and authority has gone back and down along the same course in the proper way. But in the future the discipline will be more strict and more military and the service will be better and more efficient in consequence of the fact that so many medical men have gone into the war. The medical men have been the one class in the whole community who were more ready for military service than any other group of citizens, because they were already under a partial organization. The war will improve these existing conditions. The Medical Corps has come forward and been organized more quickly than any other group and has developed along lines that were designed to make it efficient quickly because of this preliminary training. The profession is going to come back into civil life with an important increase in efficiency which will prove a great benefit to hospital services.

The question of internships and the standards of hospitals is important. We know that this has been taken up by the Council on Medical Education of the American Medical Association. There is going to be an improvement in the end, though now we are suffering from the effects of the war on our hospital organization.

The effect on Medical Education has been speedily felt. The medical schools went through the same process that the hospitals are now going through. In talking in New Jersey I am talking in one of the few states that does not possess a medical school or faculty. I think the medical profession would be better off if within its organization there was a medical school, yet this is

a difficult question to bring forward and to tell you how to do it. There are some good medical schools just over the border in both directions and it may be not necessarily a medical school that you should have. But you should develop some form of medical education in your midst, and I think the way to do this is to link it to the hospital. The hospital, to be a perfect organization, should be a teaching organization; in no other way can the hospital meet its fullest obligations and accomplish its fullest development. The old idea of a rotating service in which one-half, one-third or one-quarter of a dozen medical men serve for a few months each and in which each man's chief job is to show how poor and incompetent the last fellow was, must be done away with. Under that system it took two months for each man to reconstruct the work of his predecessor and the fellow who followed him did the same thing over again. That is not the way to accomplish anything. In New York I have no difficulty in getting young men to serve under me, and they are better than I am because they have been educated more recently; the only advantage I have over them is a little more age and experience. The organization of a single headed hospital service is what every hospital has come to and the medical men will, after a very short experience, be just as eager to serve as assistants under such an organization as they were to be chiefs under the old system. It is in such an organization that the teaching comes in. After the war we are not going to have the same kind of internes that we have had. The interne service will be linked up with the university and remain under the control of the university. If a hospital wants internes it will have to organize so that the university will accept its interne service. During the fifth year of their course we are going to put the students into the hospitals before they get their M. D. degrees, and the colleges are going to control the whole of their education that it is necessary for them to have before they can get their degrees. When you get the internes they are going to be satisfied to do twelve months' drudgery for six months' semi-kingship. This fifth-year student will be interne and house officer for twelve months and he will not be the drudge he used to be. The hospitals will give him better teaching and he will serve better than under present arrangements.

What is the law going to do about the practice of medicine? It is likely that there will be government provision for the care

of the sick; that there will be a districting of the country and government benefits; the government will care for the sick who cannot pay for first class medical service and the government will see that the people get such service. It has been well said by a number of men that only the very rich and very poor get the best medical service, and now there can be formulated a solution for that difficulty. We must look to the West for that solution and we will find it's model in Rochester, Minnesota. In Rochester there has been built up an organization that provides the solution in a combination of teaching hospital, a co-operative hospital, a diagnostic clinic and a hospital into which anyone can go and pay what he feels able to pay. If he can pay only \$20 he gets \$100 worth of diagnosis nevertheless, and he gets a working hypothesis on which the family physician can carry out the line of treatment suggested. If the case is surgical the patient is sent to the proper institution in Rochester for whatever operative or mechanical treatment is necessary. This idea of the diagnostic clinic must be further developed in our city and suburban centers or State medicine will follow fast.

There has been developed in this State, in the Oranges and Montclair, whereby the local associations invites a man from Boston, Philadelphia, Baltimore or New York to give a course of lectures during the winter. This is a very excellent idea and is worthy of further extension in a co-operative medical institution.

If you want doctors who are better observers, better students and better chiefs of staff they are not going to be rotating men with the single purpose of criticising their predecessors. They are going to be willing to be cogs in a well greased machine which runs continuously in co-operation and without friction.

What about the country doctor? He is going to disappear with his armamentarium consisting of a buggy and a hypodermic syringe containing a dose in direct proportion to the distance of the home of the patient from his office. The new doctor, however, must not be too much of a martinet and military man, for this world is no place for Prussians. Co-operation from chief of staff to the lowest assistant must be the rule and not the overlordship and tyranny of a superior to his lower in rank. This is a fault that must be guarded against in the growth of our army and in our medical co-ordination, that we be not forced to say with the King in Hamlet, "My offense is Rank, it smells to Heaven."

ADDRESS

BY EDWARD D. DUFFIELD,

Vice-President and General Associate Counsel,
Prudential Insurance Company.

Mr. President, Ladies and Gentlemen: I realize perfectly well that in trying to make this speech I am endeavoring to perform an impossible task. Henry Van Dyke says it is possible for a man perfectly sober to make a successful after-dinner speech, but not to an audience in the same condition.

I want to explain why it is my privilege to come here. One of the duties for which the counsel is paid is to make this speech, but when it was put up to him, the counsel vanished, and I came. I was given to understand that by this proposition I was to have the pleasure of doing the talking, and the doctors would pay the bill. The uniqueness of such an experience was very appealing, and so I am here. Just what I am going to say is a question upon which we are equally in doubt. Dr. Lambert says that when the minister follows the doctor it is death—when the doctor follows the minister it is life—but when the lawyer follows the minister and the doctor it often means a sensation. Seriously, I have some doubts as to what I ought to say. Dr. Patterson is safe in preaching religion; Dr. Lambert is perfectly safe in pointing out what the war means to his profession, but what is a poor lawyer who earns his bread by the sweat of his jaw to talk about?

After all, there is only one subject about which we can talk at this time, and that is, the great war in which we are engaged. Even those of us who are not actively engaged in the war find it very burdensome. We are unable to apply ourselves to our daily duties because we feel so keenly that our first duty is to win the war, and we realize how much there is to do, and how little we can do. A feeling of restlessness comes over us and we do not do the work that we have to do with the same zest and energy that we have been accustomed to bring to it. Those of us who must work where we are and who are not going to receive a cross of glory have, nevertheless, a real part to play in this war. As we grasp our paper each day there is just one thing we want to see. We do not look for any one individual act of heroism; we do not look to see what one great general has done; we do not scan the page to see what some great statesman has said. There is only one thing we want to know, and that is, whether the line is holding. This line is composed of a mass of individuals. We do

not know one of them. We may never know one of them. But we just want to know whether the line is holding. As day after day we hear of onslaught after onslaught, though we see this thin line frayed and shattered and torn and beaten back, yet never broken, we glory because we know that this thin line of unknown men stands between the Hun and his prey, and that as long as the line holds civilization is safe. We are proud of that line over there, but we need to feel that the war will be won or lost here in the secure land of America.

Lloyd George has said the war will be won by the man with the stoutest heart. When he says that the war will be won by the man with the stoutest heart he means that the people here at home must sacrifice and endure. That is the burden that is placed upon us. War is not the music of bands, the waving of flags, the cross of glory. War is destruction and ruin. War is the building up of a campaign to have your lines torn and shattered. War is defeat, disaster and death. Our Allies have had a stout heart notwithstanding defeat, disaster and death. They still face the future ready for any sacrifice to secure the thing they started out to accomplish. America must do the same, and that is where our duty comes to hold the line. If we are going to play that role as we should, we must have something different from what we have had in the past.

In the first place, we must realize that we are a Nation. What have you or I done to earn the right to sing "My Country 'tis of Thee?" Perhaps we do go and vote on election day, but how much consideration have we given to the selection of the men who are to fill important offices? How much thought have we given to governmental problems? How much have we done to give the country that kind of Democracy for which the world is to be made safe? We must not only make the world safe for Democracy, but we must build up a Democracy that will be safe for the world. This Nation needs the best we can give to it. Have we made any sacrifice for Democracy? Have we been willing to divorce ourselves from our private affairs to give our best to our Nation? We must realize that there are different values and measures of values and that we live in a world governed by laws. Whether men are going to be self-governing and make these laws, or whether they will receive rights as gifts from one claim-

ing to be ordained by God to rule over them is a question we must decide. Our fathers proclaimed that man was endowed by God with the right of life, liberty and the pursuit of happiness. We presume that having been born to that right it is ours without any effort on our part. This is not the case. The question must be fought out again. We fought to decide the question whether a man's skin disqualified him from the enjoyment of these rights, and through this struggle we have come to realize that these rights are not the property of any one race or nation, but they are the property of the world. We are to decide whether a man is to have the right to make the laws which govern him, or whether they are to be made for him by prince or potentate.

America could not keep out of this war so long as she holds to those principles for which she stands. That question is a very simple one for which many bloody wars have been fought and which to-day divides the nations. It was propounded two thousand years ago and has come thundering down the ages. Every man must answer it. "What shall it profit a man if he gain the whole world and lose his own soul?" That question came to two kings. One was surrounded by power and held the destinies of nations under his control. He said, "I will give up right, justice, integrity, mercy and civilization, if by so doing I can gain the world." History will place everlasting condemnation on that man who bartered his own soul and the soul of his people to gain the world—Kaiser Wilhelm. There is another king who sleeps under a tent. His people have been driven into slavery—he has been despoiled of his treasure. The same question came to him, and he said, "I will save my soul and the soul of my people. We will keep our pledge, and if it be necessary in order to fulfill that pledge we will give up our territory and everything that makes for comfort, but we will save our soul." As long as history remains we will raise our hats to Albert of Belgium, who refused to barter his soul for a kingdom.

So the question comes to America whether the world is worth more than her soul. Her ears may have been momentarily dulled by the click of coin, and her eyes may for a time have been dazzled by the glint of gold, but now her vision is clear. She has gone into this holy war determined to give up the world if need be, but she will save her soul. We have reached a point where we can judge by new standards, and we can

judge as a nation as well as individuals, and we know that nothing else is as great as sacrifice. We have experienced the joy of giving that those in far distant lands, whom we have never seen, may enjoy those things that we have had given us—life, liberty and freedom. We have placed our hand to the plow and, please God, we shall not turn back until we have reached the end of the furrow. Seeing the sacrifices of the Allies and seeing the sacrifices that are being made for us we dare not falter. You cannot break faith with the man who dies for you. You and I stand here as guardians of a sacred vow. These sacrifices must not be made in vain.

We will have to meet the assaults of propositions for an inconclusive peace, and we owe to those who are giving their lives for us a sacred duty that their sacrifice shall not be in vain. It is our duty never to consent to peace until we can have a righteous peace with reparation. We should never consent to peace until those guilty of wrong doing shall be punished; until human beings can no longer be living pawns on the chess-board of history where kings play with the destinies of nations; until the principles of right, justice and liberty for all mankind have been established; until the day that brotherhood of man shall be more than a high sounding phrase; until the Hun who to-day stands before the bar of public opinion holding in his hands the loot obtained by immoral and indefensible acts has received a just sentence, we do not want peace—we want war.

I think you and I can glory in the fact that we live in a time when our Nation has dedicated herself to give her life and treasure to bring happiness and joy to souls we shall never see and whose eyes shall never rest on these shores. I need not say to men of your profession anything about the beauty of the sacrifice, but perhaps other professions may pay a tribute to that characteristic of the medical profession—its willingness to sacrifice. It may be that we will have the country doctor and his chaise eliminated, but as long as memory lasts, the fact that he never found a trip too long or a night too dark and stormy will be cherished by those who have been fortunate enough to know him. Maybe the country doctor will fade away, but his bracing influence which he has left will be stamped on America for all time. There are those who speak of the beauty of self-sacrifice, but you may take pride that your profession has not been

preaching, but has been demonstrating the glories of that virtue.

I do not know whether the war will be long or short; I do not know what America has to face, but I firmly believe that America will remain true to her ideals, she will sacrifice all, she will give everything to obtain the object she seeks by entering into this conflict. If the line at Flanders breaks, if the Allies be exhausted, I still believe America, as long as she has a dollar and a man, will fight on until victory is won, for we belong to a race of men who do not care to live unless we can breathe the air of freedom.

ADDRESS

BY WELLS P. EAGLETON, M. D.

Major M. R. C.

Newark, N. J.

What I have to say has been prepared since I entered this hall. As I am neither a preacher, a lawyer, nor a professor, and this is the third speech I have made in my entire life, I hope you will bear with me if it is not a good one. It will certainly be a short one. The only reason I am speaking is because you have been told that the army is asking for doctors and that the doctors occupy considerable of their time in picking up cigarette butts. The United States is asking you to come into the army to treat the sick and wounded. It is very easy to disseminate a false impression and I would not have you get the impression that the doctor's work in the army is picking up cigarette butts and other menial work. We had a captain of a colored regiment composed of reserve officers who sent out a questionnaire and among the questions was "Are you a college graduate?" The colonel said it would be a good thing to have a class in higher mathematics and so every officer should be asked whether he was a college graduate, as only college graduates could become members of the class. Lieutenant Smith was asked this question and said he was a college graduate. He seemed, however, to know nothing about mathematics, not even the rudiments of arithmetic. The captain on finding out Lieutenant Smith's limited knowledge asked for Lieutenant Smith, and said: "Lieutenant Smith, you are not doing well in mathematics, are you a college graduate?" Lieutenant Smith replied, "Ah, yes sir, I'm a college graduate, I'se a graduate in vocal music." I do not

want the impression to go forth that the United States Government is asking medical men to do anything except what they have been trained to do as doctors, and that work they are doing to the best of their ability.

Clinical Reports.

Nephritis in Pregnancy.

Dr. Gundrum reported this case at a meeting of Sacramento, Cal., Medical Society:

Upon delivery the placenta was found to be abnormally large, measuring twelve inches in diameter, two inches thick, and weighing four and one-half pounds, the umbilical vein being as large as an ordinary umbilical cord.

Case of Anaphylaxis.

Dr. G. H. Waugh, in the *British Journal of Children's Diseases*, reports the case of a girl, aged seventeen, who presented the clinical picture of diphtheria. The mother stated that the child had had diphtheria ten years previously and the injection had made her very ill. She was given 4,000 units of antitoxin and died within five minutes. The visible effects at the time of death were: deep cyanosis; great difficulty in breathing; frothing at the mouth. At autopsy the only condition found was a general stasis with well marked congestion of the lungs. The girl was a catarrhal subject but had never had asthma.

Edema Without Nephritis.—Drs. Labbe and Marcocelles report two cases of retention of salt, with anasarca, although the kidneys seemed to be normal. The diffuse and extreme edema in each case had developed during an attack of dysentery with anemia, and the edema subsided completely on a salt-free diet plus theobromin. The kidneys, heart and liver seemed to be entirely or approximately normal. The great loss of fluids from the dysentery seems to favor retention of chlorids and edema. The latter resemble in every respect the familiar edema with Bright's disease. The mechanism of its production is a mystery.

Mastoid Abscess: Erysipelas Infection.

Dr. C. E. Price, Robinson, Ill., reports this case in a paper in the *Illinois Med. Jour.*:

A girl, 15 years old, was brought to the hospital July 15, 1917, for a mastoid operation. This was a typical mastoid abscess with pain, fever and external deformity. Patient was operated on and all diseased bone was thought to have been removed. Symptoms abated, and granulation went on nicely. I heard from her every few weeks, but a discharging sinus would not heal. November 15, patient had what her physician thought to be a la grippe condition and ear began draining through drum. November 29, the physician was called about noon and found her with a temperature of 104 degrees, pain, tenderness, redness and swelling over mastoid region. He immediately brought her in to the hospital and a second operation was done that evening, when an extra effort was made to remove all diseased bone. There

was no distinct abscess pocket found, but the remaining part of the posterior portion of the external bony meatus was soft. A very thorough removal of everything that looked suspicious was done.

Patient was put back to bed about 4 P. M. Temperature at 6 P. M. was 105.2 degrees, general condition good; temperature continued high throughout the night. About 3 A. M. next morning the nurse called me and said the inflammation was spreading and had extended beyond the dressing; that the patient's fever was still high and complaining of a great deal of pain about ear. I verified all the nurse's statements and now recognized that we had an erysipelas infection and I was now also satisfied that the condition over the region of the mastoid and ear that caused our alarm before the operation was of this character. While erysipelas infections have a predilection for the skin, yet they may involve the middle ear. I would not have undertaken the operation had I recognized the character of the infection. However, a second operation would have been necessary some time soon. Fortunately the wound and tympanic cavity, as far as able to determine, were not infected; granulation was not delayed and wound healed more rapidly than after first operation and this time finally closed. The erysipelas infection spread until the entire face and scalp had been involved.

Dentigerous Cysts; Case.

Dr. Ira Frank, in *Annals of Otolology, Rhinology and Laryngology*, reports this case:

The case reported is that of a boy of 12 years who began to have a swelling on the left side of the upper jaw just beneath the nasolabial fold when he was 6 years old. It grew very slowly until at the time he was seen, it was the size of a plum. The lateral incisor, canine and bicuspid on that side had never erupted. Crepitation was felt over the tumor. An x-ray examination showed a cyst containing the 3 missing teeth. The growth appeared to entirely fill the antrum. It was removed by an operation similar to that employed for a radical antrum operation and the cyst was easily shelled out. Recovery was uneventful. The 3 teeth are small but well formed.

Bullet in Bladder Wall Ten Years.

The bullet was not found at the operation three days after the accident although it was known to have entered the woman's bladder. Ten years later it had to be removed as it had formed the nucleus of a very large phosphate stone embedded in the right wall. The case was reported by Oeconomos at a recent meeting of the Medico-Surgical Society of Greece.

Poisoning from Hexamethylene Tetramine.

—Dr. Ustvedt relates the case of a man of 31 who had been attacked by poliomyelitis. During the next two days the drug was pushed until 12 grams had been taken. The patient was urinating freely at first, but the diuresis was suddenly checked and blood appeared in the urine along with much backache. There was no headache or vomiting, and the urine increased again and cleared up somewhat. The hematuria lasted five days in all. The 12 grams of the drug had been injected within 36 hours,

equal to a five-grain dose hourly for that period. Such cases are not so rare, and are not usually classed as drug intoxication, but rather as simple overaction.

Diaphragmatic Pleurisy.

Dr. E. B. Rogers, El Paso, Tex., reports this case in *Southwestern Medicine*:

Mr. A., age 42, single, business man.

Previous history: 15 years ago he came to this country for pulmonary and laryngeal tuberculosis. The disease was arrested and has since been quiescent.

Present history: One day last October, while at work, the patient noticed an indefinite abdominal discomfort but remained at his business. On examination, the next morning, after a restless night, he was found to have abdominal pain of an indefinite nature, chiefly from the left nipple down to the costal margin, and also on the right side in the appendiceal region. There was considerable dyspnoea and the breathing was chiefly thoracic. He refused to lie down, being most comfortable sitting up or reclining. There was a slight, unproductive cough. The temperature was 99 degrees to 100 degrees, pulse 90 to 100, respirations 24 to 30. Physical examination, several times repeated, was negative except that pressure on the left costal margin at about the tip of the 9th and 10th ribs was painful. The white blood count was 16,500. Differential gave polynuclears 80 per cent., large mononuclears 15 per cent., small mononuclears 5 per cent. and no eosinophiles or basophiles in 100 cells counted. There was no nausea or vomiting, and the symptoms about McBurney's point were not sufficiently grave to make one think strongly of appendicitis.

The patient ate very little as even a small amount of food greatly increased the distress about the left nipple. This pain and the dyspnoea were the most marked features and made the subjective symptoms strikingly out of proportion to the objective findings. Though friction sounds were never heard the case seemed to be typical for a left side diaphragmatic pleurisy of fibrinous type. The acute symptoms lasted for about 48 hours and the patient returned to work in less than a week.

Hydrosalpinx with Twisted Pedicle Simulating Ectopic Pregnancy.

Reported by Dr. Arthur Stein, New York:

The woman was thirty-nine years of age, had one child and had never been pregnant since that time. The woman gave a history of having had a period September 12, then the middle of October, and again the beginning of November. He saw her for the first time on November 23, after she had been seized with excruciating pain in the lower abdomen and hemorrhage from the vagina. She was at that time in a state of collapse. Her temperature was normal, pulse 84. Examination showed that she had a retroflexed uterus and to the left, occupying the site of the adnexa, was an indefinite mass, about the size of a small cucumber. The diagnosis of ectopic pregnancy was made and the patient transferred to the hospital. Upon opening the abdomen the mass was found which was shown in the specimen. The mass was dark red in color and twisted around the pedicle four times. The right tube was also

diseased, being transformed into a hydrosalpinx. A double salpingectomy was done. Examination of the specimen showed it to be a hydrosalpinx which had become twisted and hemorrhagic.

Knife Swallowing—Report of Case.

Dr. D. F. Stough of Geary, Okla., reports this case in the *Oklahoma State Medical Journal*.

J. W., male, about 28 years of age, while an inmate of the Granite reformatory, swallowed a knife which was about 6 1-4 inches long. The knife was an ordinary silver plated one, with the usual handle, but the blade was only 2 1-4 inches in length, having been ground off until it was nearly triangular in shape. About three months after the incident he began to have pain above the pubic bone and some months later a swelling appeared at that point which finally ruptured and began to discharge. August 19th he came to me presenting a large mass just above and a little to the right of the symphysis; there was a discharging fistulous tract about 1 1-2 inches to left of symphysis. Other history was negative. He was referred to the El Reno Hospital for operation, the operation disclosing a large fibrous mass which was drained. Five days later fecal matter began to discharge through the sinus. He remained in the hospital fifteen days and returned to his home. September 7th, while dressing the wound, I observed a piece of steel protruding in the original fistulous opening. Under local anesthesia I removed the knife; the handle extending down into the bowel being covered with fecal matter of a pasty consistency. After I removed the knife he admitted swallowing it, but stated he supposed it had passed.

Focal Infections of the Rectum and Sigmoid Colon.

Dr. H. W. Soper, in the *Missouri State Medical Journal*, gives these cases in a paper:

Case 1. Female, aged 64; height, 5 feet 5 inches; weight, 112 pounds. Has suffered from arthritis deformans for twenty years. Joints of hands, wrists and shoulders affected. Has had many attacks of neuritis. The chief subjective symptoms were much intestinal gas, cramps, alternating constipation and diarrhea. Blood pressure 180-100. Heart considerably hypertrophied; general sclerosis of arteries. Kidneys showed considerable impairment, probable chronic interstitial nephritis. Feces showed small, bloody mucopurulent clumps.

The sigmoidoscope revealed an ulcerative proctosigmoiditis involving the entire rectum and 2 inches of the sigmoid. Purulent material was negative for tubercle and gonococci. Culture showed many gram-negative bacilli, many diplococci and streptococci.

It required two months' local treatment to restore the mucosa to a normal condition (insufflations of calomel three times weekly). The joints are less painful, but otherwise unchanged. She gained in weight and strength and the bowel function is good.

Case 2. Female, aged 26; height, 5 feet; weight, 95 pounds. Dates trouble from attack of typhoid fever ten years ago. Bowels much constipated. Defecation always painful, more so after laxatives. Has suffered from attacks

of dyspepsia, nervous symptoms and loss of weight. Has often had low fever lasting for weeks. The examination of the urine showed a trace of albumin, hyaline casts, trace of sugar, strong indican and weak acetone reactions. Feces consisted of a small amount of fecal matter mixed with a mass of pus and blood. Wassermann negative.

Sigmoidoscopy.—The entire mucosa of the rectum and the first 3 inches of the sigmoid is involved in a severe chronic ulcerative process. The wall of the bowel and mucosa is much thickened and covered by a thick, bloody pus. Culture showed a mixture of gram-negative and gram-positive bacilli, staphylococci and streptococci. No tubercle bacilli and no typhoid bacilli could be identified.

Roentgen-ray examination showed an absolute stasis in the transverse colon. The bismuth meal was retained here for one week. The roentgen-ray diagnosis was, therefore, an obstruction, probably in the splenic flexure.

Treatment.—Daily insufflations of calomel caused steady improvement, and in eight weeks' time the mucosa was in a normal condition. She gained 17 pounds in weight, and all nervousness and headaches disappeared. Re-examination in October last showed no return of the infection and her health was fully restored. Bowel function normal. The colonic stasis was evidently due to a spasticity at the splenic flexure, and not to a true stenosis.

This case was unique inasmuch as it followed an attack of typhoid fever. She was probably not a carrier as no cases have occurred in her family.

Ruptured Gastric and Intestinal Ulcers.

Reported by Dr. H. W. Kostmayer, New Orleans, in the *New Orleans Med. and Surg. Journal*, Sept., 1918:

Case 1. F. T., white male, age 49 years, resident of New Orleans; occupation, tyler.

This man was brought in late in the evening of February 14 in so much pain that the following history was all that could be obtained: He has had indigestion or dyspepsia for over twenty years, for which he has taken soda and other remedies, with only temporary relief. Some months ago he had violent cramps in upper abdomen, which put him to bed for some days and from which he recovered. The present attack began with sudden, violent onset about two hours before admission, with pain over his abdomen, especially in the upper right side. He vomited, had a cold, clammy sweat, and he came in with an exquisitely sensitive abdomen throughout. It was intensely rigid, though pulse was fairly good. A diagnosis of a ruptured duodenal or gastric ulcer was made, and the latter was found at the immediate laparotomy. The ulcer was on the outer wall of the stomach, near the pylorus, with an enormously indurated area surrounding it. It was plastered over with exudate, and in its neighborhood were organized adhesions of the omentum and transverse colon, which are believed to indicate a previous leakage of this ulcer, with spontaneous closure. The terostomy was done under great technical difficulties, because of the fixation of the stomach. The patient was returned to the ward in fair condition. No drainage was done.

On being returned to the ward this man's

pulse was found very rapid and weak and his ulcer was closed and a posterior gastro-enterospiation shallow. He was given morphia and proctoclysis, which were continued for the next few days as indicated. As soon as he reacted he was placed in the sitting posture in bed and allowed cracked ice and water sparingly. A very persistent and annoying hic-cough developed, which subsided after forty-eight hours, though he would never submit to the "stomach tube." Distention was relieved by pituitrin and rectal flushes. After four days of storm he made a slow but steady recovery and was discharged as apparently well on the twenty-eighth post-operative day. During February, 1918, one year after operation, he returned, reporting that he was feeling better than he had in twenty years and was able to eat anything.

Case 2. H. S., white male, age 37 years, resident of New Orleans; occupation, laborer.

This man states that for one and one-half years he has been having indigestion, with a great deal of distention and discomfort after eating. He has vomited frequently. His pain has always been aggravated by food, and never relieved by it. Soda and diet have seemed to help him. This evening he had a sudden violent pain in the epigastrium, which has grown in intensity until now he is in agony. Morphia has not helped his pain. His abdomen is uniformly distended, rigid and hypersensitive. Diagnosis of a ruptured gastric ulcer was made. Under ether a right rectus incision was made, confirming the diagnosis. A punch-out ulcer, with a hole about the size of a five-cent piece, and the whole exudate about the size of a half dollar, was found upon the lesser curvature and about midway between the cardiac and pyloric ends. This was closed with two rows of catgut. The abdominal cavity was filled with gastric contents, so two drains were inserted in the upper incision and two were placed in an incision above the pubis. From the latter an enormous quantity of contents poured out. A gastro-enterostomy was not performed, because of the man's condition and because it was believed the perforation had practically cured the ulcer. Cauterization probably should have been done here. Sitting posture, proctoclysis, rectal flushes and morphia were used during the first three days, after which the patient made a rapid recovery, being permitted to go home on the fifteenth post-operative day.

P. B., colored male, age 11 years, resident of New Orleans.

This boy was in the hospital for seven days, being treated for typhoid fever. On this day he had a sudden collapse, pain in his abdomen, with a drop in temperature from 106° to 97°. His white count was 15,250, with 87 per cent. neutrophils. When first seen, ten hours after the original collapse, his abdomen was rigid throughout, with tenderness more marked over the appendix area. A diagnosis of ruptured typhoid ulcer was readily made, and immediate laparotomy was done, through a right rectus incision, under ether. The ruptured ulcer was found about four or five inches from the ileocecal valve, and was rapidly closed with two layers of catgut suture. The wound was drained and stab wounds were made over the pubis and over the left and right iliac

fossa, into which cigarette drains were inserted. Peritonitis was already quite diffuse, with no adhesions. Before the wound was closed some twenty-four inches of terminal ileum were examined for further perforation, but none was discovered. He was returned to the ward, in very fair condition, considering the procedure.

This little boy had a post-operative pneumonia and infected wound, which opened down to the peritoneum at one point. He got out of bed several times early in his convalescence, and in spite of all things he finally made a complete recovery.

Report of State Hospital Director.

CURES OF INSANITY BY EXTRACTING INFECTIVE TEETH, REMOVING TONSILS AND CLEARING UP THE GASTRO-INTESTINAL INFECTION.

Report by Dr. Henry A. Cotton, Medical Director of New Jersey State Hospital at Trenton, to the Department of Charities, State of New Jersey, Submitted to the Profession and the Public by the Department.

Epoch-making discoveries announcing a permanent cure for insanity by extracting infected teeth divulged by an x-ray examination, and removing infected tonsils and clearing up the gastro-intestinal infection are set forth in a report based on the results of eleven years of careful, scientific experimentation submitted to the State Board of Charities and Corrections by Dr. Henry A. Cotton, medical director of the New Jersey State Hospital for the Insane at Trenton.

Referring to the results of his experimental work Dr. Cotton states:

"We are able to cure early cases in a very short time, prevent the disease from becoming chronic in a large number of cases, and restore a certain number who have been in the hospital for as long as nine years. This we are doing daily. We have found that infection of the chronic type and the resulting toxemia are the basis of many mental disturbances. These chronic infections are known as focal infections and may be present for years without their existence becoming known to the patient, and until quite recently the physicians and the dentists have been ignorant of their existence.

"We are practically prepared to state that this infection originates in the teeth, as we find the same organism in the abscessed teeth, tonsils, stomach and duodenum, and in no cases have we been able to eliminate the teeth as the origin of the infection. It would appear that the infection of the stomach and duodenum was in the wall of these organs and that the organism migrated from the teeth to the lymphatics and in certain fatal cases infected the whole system. We have had five acute maniacal cases who died within a short time after coming to the hospital. Formerly the cause of death was considered due to exhaustion from excitement, but a bacteriological study in these cases showed all the organs practically infected with these organisms. We feel that we have established a very important

fact as applicable to general medicine as to nervous and mental diseases, that is, that the infection originates in the teeth and after some years infects their organs through the lymphatic system.

"We are pleased to report that the study of the cause of a large majority of mental diseases, from the standpoint of the clinical laboratory has at last proved successful. For the last three years, we have been convinced that the etiology and treatment of these psychoses would be solved by the laboratory and we are now in a position to confirm our theories regarding this subject. In working out these problems we have deviated from the traditional conception of the cause in all these psychoses, especially those of Dementia Praecox and the Manic Depressive Group. In making routine examinations of the blood, especially the fixation test for the chronic streptococcic types, we found a great number of our patients who gave a positive reaction showing that they were suffering from a chronic infection. At first the teeth and tonsils were thoroughly investigated. In many cases the infected teeth were extracted, producing gratifying results in some cases, but in the majority no improvement was noted. Some twenty-two of these cases had their infected tonsils removed and again we noted a marked improvement and even recovery in one-half of these cases. The next point of attack was the gastro-intestinal tract, for many of the patients showed evidence of a chronic gastro-intestinal infection. Finally in April of the present year, we were able to utilize a method of accurately determining the infection of the stomach and duodenum by making direct cultures from these organisms. This method was first used by Dr. Martin W. Rehfus of Philadelphia in the ordinary gastro-intestinal conditions and since we have adopted this method we have examined two hundred and seventy-five cases and found that the stomach or duodenum, or in some cases both, were infected with the Connellan-King diplococcus, and in a large number of cases it was also found that a virulent colon bacillus was present. By utilizing these methods we have been able to definitely prove the organism responsible for the gastro-intestinal infection and by frequent irrigations of the stomach and duodenum, combined with treatment by vaccines of the Connellan-King diplococcus and colon bacillus, we have been able to clear up a large number of cases."

In his report on the dental work, Dr. Cotton describes several causes of infected teeth as follows:

First, bad dental work. The practice of the ordinary dentist who lacks the knowledge of the relation of infected teeth and stomach conditions in putting in gold caps, fixed bridge work and pivot teeth, without making radiographs of the patients' teeth to determine whether the root is infected, is largely responsible for the source of infection in the patient's teeth. He states that hardly any of the better class of patients who come in the hospital are free from capped and pivot teeth or bridge work, and in all cases, he has found them to be seriously infected, so it has been the practice of the institutional dentist to remove the bridge work and extract these teeth at once.

Second, another group of patients, especially the poorer class, show absolute neglect of their teeth both from the standpoint of delayed cleanings and care of the dentist. It is necessary in such cases to remove all the teeth.

Third, in cases with severe infection of long standing, it would appear that the infection came from their parents, possibly during childhood. This has been especially evident in many instances whenever it was possible to examine the condition of the teeth of the parents of such patients. Dr. Cotton believes that infection by contact, such as kissing, using the same eating utensils, etc., is not only possible but extremely probable, in a great many cases of this type.

In view of the facts expressed above, Dr. Cotton recommends a campaign of education in regard to the care and treatment of the teeth, so that physicians, dentists and the public at large, would realize the danger of infected teeth, not only in producing nervous and mental diseases but in undermining the general health. It has been recognized by most progressive men in medicine for some years that focal infection arising from infected teeth is the cause of many diseases which have heretofore been considered obscure, such as rheumatism, kidney disease, heart disease, etc. But the fact that the gastro-intestinal tract could be infected from abscessed teeth has not been shown before.

As to the treatment, Dr. Cotton states:

"It has proven successful in a large number of cases and consists of rather radical measures. All infected teeth are extracted and infected tonsils are removed. Infection of the gastro-intestinal tract, especially the stomach and duodenum, has been treated by frequent irrigations of the stomach and these organs and a hypodermic administration of autogenous vaccines made from the bacteria found on examination. In a certain proportion of cases, especially those in which the tooth infection is of recent origin, merely extracting the teeth will clear up the mental condition."

As example of the success of the above treatment, three cases of perfectly different mental condition are cited:

The first case is that of a woman thirty-six years old who was admitted to the hospital after having four previous attacks of mental disease, at which time she was placed in private hospitals. She has been a patient at Bloomingdale Hospital, White Plains, New York, for one year before admission here. She showed no tendency to improve here and became progressively worse. Because of her habits and general conduct, it was necessary to keep her in a ward with demented, untidy patients. She was resistive, frequently refused food and had to be tube fed. Occasionally she showed violence towards the nurse. The resident dentist extracted one infected molar in this case, and in one month after her admission to the hospital, the patient had recovered her mental condition and was discharged. Since that time she has remained at home in a perfectly normal mental condition. Recently she was visited by the fieldworker who reported that there was no evidence of any mental trouble and that she was reacting in a normal manner to her environment. Thus after spending six years in the hospital and growing progressively worse, with no chance of recovery,

the above patient regained her normal condition through the extraction of an infected tooth.

The second case is that of a young man, age forty, who had always been healthy and normal mentally until the fall of 1917. He had been happily married about two years until the onset of his trouble as stated above. He then became irritable, fault-finding, had domestic difficulties, and in December, 1917, in a confused state, wandered to Chicago with no knowledge of what he was doing or where he was going. He was found in Chicago and later returned to his family. At that time he was very much depressed, accused himself of wrong doing, and spent some time in Mercer Hospital, where he improved a little. Later in March, 1918, he was admitted to this hospital in an agitated, depressed condition. He was very apprehensive, thought he had killed somebody and was to be killed. In May, after urging him for over an hour to get in the dental chair, we finally succeeded and a capped molar was removed which was badly infected. Two days later his mental condition cleared up. Three more infected capped molars were removed and after that he gained over thirty pounds in weight, lost all his nervousness, and is now entirely normal. For a month he has been working steadily earning forty dollars a week. It is not an exaggeration to say that his whole mental condition was the result of poor judgment of the dentist in putting gold crowns on four teeth which at the time were probably infected and which were made considerably worse by the gold crowns furnishing an ideal culture media for this organism. His stomach was found to be infected but of a mild type and was soon cleared up by the vaccine. While this case differs from the one cited above, the result of the removal of infected teeth in each case was the same.

The third case is that of the wife of a professor and of good family, who was admitted to the hospital after having spent nearly a year in private institutions. This case aroused our sympathy because of the happy environment and exceptionally good history of the patient, and for several years she was given special attention in the endeavor to find out what the cause of her mental condition was. She became very indifferent, untidy in her appearance, would not keep herself properly clothed and was kept in an untidy, special ward with demented patients because of her condition. Occasionally she was given a private nurse in an endeavor to arouse her interest. At such times she would be a little better, but soon became apathetic and indifferent as before. A year and a half ago examination of the blood gave a positive fixation test for the mild streptococcic group and in view of the fact her remaining teeth were extracted, as she had lost most of her teeth before, but without any benefit to her mental condition. A year ago her tonsils, which were badly infected, were removed after which she showed some improvement, but did not become normal mentally. Early this year the stomach and duodenum were examined by our new method and she was found to have a severe infection of the stomach wall. She was given frequent stomach washes and autogenous vaccine treatment. She showed rapid improvement and in

less than two months thereafter she was taken from the hospital by her husband. Recently a letter from him stated "she was better than he had dared to hope and as far as he could see, she was in a normal mental condition." While it is too soon to say definitely what the final outcome of this case will be, at the same time there is justification in considering that her mental condition was of a chronic type with no tendency to improve until all sources of infection were removed, and that her recovery was due entirely to the methods described above.

Dr. Cotton cites many cases similar to the ones aforementioned showing the successful application of the principal methods adopted in producing recoveries in not only acute cases, but in patients considered chronic and incurable.

In his report for the week just ended, the following case is deserving of special mention:

Male, age 53, admitted February 24, 1916. He had an attack of depression which came on three months before his admission, following the grippe. He had very marked physical signs at first, complained of his head hurting him. A month before admission he attempted suicide, tried to cut his throat, jumped out of a window and ran in front of a trolley car. He remained in the hospital until September, 1916, when he was allowed to go home, against the advice of the physicians. Before leaving he had all his teeth removed as they were all infected. He remained until June, 1917, and during that time gradually became worse. He was depressed, fault-finding and suspicious of his wife. He returned as a voluntary patient, very markedly depressed, thought he would never get well. He remained in bed inactive and about a month after admission had his tonsils removed which were found to be very badly infected. However, his mental condition showed no change. In May, examination of his stomach and duodenum showed a very severe infection. He was treated with autogenous vaccine and since May he has gradually improved and for the last two months he has been in a perfectly normal mental condition and has gained considerably in weight. This case, according to Dr. Cotton, illustrates the necessity for persistent treatment to eliminate the infection, as there was no improvement in his mental condition after the removal of the teeth and tonsils, but decided improvement after the elimination of the stomach and duodenum infection. As these cases of depression at this age, 53, tend to become chronic, and as the duration of his trouble was two years and ten months, we are safe in assuming that his recovery is due to this treatment.

State Commissioner of Charities and Corrections Burdette G. Lewis, in discussing the foregoing startling report of Dr. Cotton's experimental work in the medical and dental treatment of the insane, said:

"I have received the weekly progress reports from Dr. Cotton of the remarkable results flowing from his treatment of even chronic cases of insanity where the pulling of teeth and the analysis of the contents of the stomach and duodenum and the treatment by the use of vaccines have brought about extraordinary recoveries. If Dr. Cotton's conclusion as to the real reasons for the recoveries are found

by specialists to be correct, after sufficient experimentation, then indeed, his discoveries are epoch-making. In any event, such recoveries as are already recorded in the reports of Dr. Cotton are truly remarkable and most unusual.

"The State Board is watching the results of the experimental work of Dr. Cotton and his associates with a great deal of interest, principally because it is the intention of the board to recommend to all the other institutions for the insane, feeble-minded, epileptic and other sub-normals, the application of the methods of treatment, as soon as they become sufficiently standardized to permit the medical and dental experts in the other institutions to make use of them."

Abstracts from Medical Journals.

Contraindications to Salvarsan.

Dr. John A. Kolmer says: Contraindications to salvarsan therapy may be divided into two main groups:

1. Those to whom the injection may be dangerous on account of the reaction that may follow, as, for example, cases of early cerebral lues with cranial nerve manifestations of an exudative character; also cases of tabes with beginning optic atrophy. In these patients salvarsan or neosalvarsan should be given with extreme caution and only in small doses, and frequent examinations of the eyes should be made.

2. Those with extensive disease of the circulatory system, such as severe uncompensated heart disease, coronary sclerosis, and extensive aneurysm; also cases of diabetes mellitus, severe nephritis, ulceration of the stomach, and advanced tuberculosis or carcinoma.

Treatment of Central Nervous Syphilis.

In the *Lancet* of February 16, 1918, Carlill concludes a long paper on this topic as follows:

1. The possibility of a syphilitic basis should be considered in every case of nervous disease.

2. Nervous syphilis can be proved by examination of the cerebrospinal fluid. The examination of the serum, whether the Wassermann reaction is positive or negative, is of little value in the diagnosis of these cases.

3. Provided that the diagnosis is made early, and prompt treatment given in adequate quantity, syphilis of the nervous system appears to be curable in very many cases.

4. The real result of treatment can only be determined by repeated examination of the cerebrospinal fluid, hence the absolute necessity of painless lumbar puncture.

5. Cases in which this operation has been contraindicated have not been observed.

6. Some cases of curable meningovascular syphilis are diagnosed as incurable dementia paralytica, and treatment is withheld.

7. Even in some cases of long-standing tabes dorsalis the syphilis appears to be entirely curable by treatment, and in nearly all cases symptoms can be greatly alleviated by "606."

8. Novarsenobillon, in Carlill's hands, has proved a safe and most efficient remedy against the protean ravages of the *Spirochaeta pallida*.

9. Galyl is not recommended.

10. The outlook of sufferers from early neurological syphilis is very bright, and will be brighter still when the general standard of knowledge of neurological diagnosis is less inadequate than it is to-day.

11. If the profession and the public seize and apply our present knowledge of syphilis it is not too much to hope that future generations of students will learn of *tabes dorsalis* and *dementia paralytica* only from the textbooks.

12. Abolition of the ankle-jerks is an early sign, and often the only one, of arsenical neuritis, and may be demonstrated in the absence of any subjective symptoms.

Venereal Disease Control in Army.

Drs. W. F. Snow and W. A. Sawyer, Washington, D. C., give the following conclusions in a paper in the A. M. A. J., August 10:

1. Venereal diseases are the greatest single cause of disability in the Army.

2. Most of the cases of venereal diseases among the United States soldiers, over five-sixths of the total in units from which the figures have been obtained, were contracted by the men before enlistment.

3. Exposure of the soldier to venereal diseases is being successfully reduced by education, the enforcement of laws against prostitution and alcohol, and the discovery and control of venereal disease carriers.

4. These measures are applicable to civilian communities outside the extra cantonment areas, and should be generally applied for the protection of the health of the future soldier and of the general public.

5. Venereal disease control should be under the general direction of the public health authorities, but they should receive the co-operation of educational and law enforcement agencies, and should not hesitate to employ lawyers and other men and women trained in nonmedical lines, just as engineers are called on to remove the causes underlying water-borne typhoid.

6. In the Army, venereal disease is still further reduced by compulsory early, or prophylactic, treatment of men exposed in spite of the measures aimed at preventing such exposure.

7. The reduction of venereal diseases, as a group, forms the greatest public health problem of to-day and the one which gives the most promise of solution in the immediate future. Efficient measures of prevention are known and are being demonstrated, and need only to be more widely applied.

The Cardiovascular Problem of the Draft.

Dr. Harlow Brooks, of New York, Major in the M. R. C., in an address before the Medical Association of Greater New York, spoke of the failure of the draft board and the army examiners to agree in cardiovascular problems. It was not in regard to heart examinations that the local boards committed the greatest number of errors; in the main their work in this regard had been exceptionally satisfactory. Accepting the experience largely of the English, Canadian, and Austrian medical officers, from the very onset, much less importance had been placed on the existence or non-existence of cardiac murmurs in the examination of re-

cruits. One no longer rejected a recruit simply because he had a heart murmur; this was particularly true as regards systolic murmurs at the apex, and especially those of the cardio-respiratory type, even in many instances of unquestioned mitral incompetency. Re-examination of many of these cases had shown that the regulated life and systematically administered exercise of military training, though severe, was followed by great symptomatic improvement and often by the complete disappearance of the murmur. It was not so much a question of the valve lesion as of the heart muscle that was fundamental to the prognosis. This was even more true of systolic murmurs at the base; only a very small percentage was due to actual stenosis of the aortic valve or ring. Most were hemic, functional, or not explainable on an organic basis. A very large number of them disappeared in the course of the recruit's training.

The army placed its final and most important decision on the question of the ability or disability of the heart to perform its duty. It was on this ruling that the civilian, examiners and those at the camps had most differed. The army examiners had a great advantage. In testing the possibilities of a heart they were not obliged to be content with the simple tests of the office or clinic, but in questionable cases could send a man to full duty, to work in the trenches or at bayonet drill, where, even on the hike or at games he was under observation—usually entirely unknown to him, the regimental medical officers carefully reporting his reaction to exercise.

Healing of Peptic Ulcers.

Dr. B. W. Sippy, Chicago, read a paper on this subject at the meeting of the American Association of Physicians, Atlantic City, in May. The protection of the ulcer from the digestive action of the gastric juice, by hourly feedings and the early giving of alkalis, formed the basis of treatment outlined. This treatment had been applied to 2,000 cases, of varying duration from one month to thirty years. The average duration was four years. The ulcers were of varying degree of penetration. The ulcer healed rapidly by cicatrization. It could be said that operative procedures had a definite mortality which weighed against this method of treatment. Unless the cases were to be operated upon, healing must take place. Three points were connected with the healing of ulcers: What were the causes of ulcer; what prevented their healing; what could be done to promote healing? By answering these questions one could arrange a rational method of treatment. As to cause, the mucous membrane of the stomach, from lowered resistance (perhaps vascular or perhaps from bacterial invasion) because digested and an ulcer was formed. Pepsin had a solvent action on albumin sensitized by free acid. In ulcer cases, therefore, it was necessary to destroy the digestive action of the juice. This could be done by the method outlined. In pyloric obstruction ninety per cent. of the patients had been relieved in from one to three weeks.

The first ingredient in conversation is truth, the next good sense, the third good humor, and the fourth wit.

Medical Societies' Reports.

HUDSON COUNTY.

William Freile, M. D., F.A.C.S., Reporter.

The cataclysm of war and disease evidenced itself in the slim attendance at the first regular meeting of this society, held on the 8th inst., at the Carteret Club, Jersey City.

After routine business had been disposed of, the following officers were elected for the year: Dr. John J. Nevin, Jersey City, president; Dr. B. S. Pollak, Laurel Hill, vice-president; Dr. Charles H. Finke, Jersey City, secretary; Dr. Henry H. Brinkerhoff, Jersey City, treasurer; Dr. William Freile, Jersey City, reporter.

A letter of condolence was directed to the family of the late Dr. John A. Chard.

Mr. H. Barber, 1 Madison avenue, New York City, hospital rejuvenator, gave a crisp talk, in which he described the methods which had proved efficient in treating invalid hospitals. He outlined a definite plan for the drive about to be launched in behalf of Christ Hospital, Jersey City, and felt confident that the requisite funds will be raised to place this worthy institution in easy water.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, October 25, 1918, at 8.30 P. M., Dr. F. Irwin Krauss entertaining.

Present—Drs. English, Hamill, Jaquith, Krauss, Lamson and Rockwell, and Dr. Mial of Morristown as guest.

Owing to the small attendance and lack of a quorum the meeting was adjourned until November, after an informal discussion of the gripe epidemic and other health matters.

Notices of Meetings.

Public Health Meeting Postponed.—Owing to the prevalence of influenza in all parts of the United States, the executive committee of the American Public Health Association postponed the annual meeting of the association which was to have been held in Chicago during the week of October 14.

Clinical Congress Postponed.—Announcement was made that on account of the influenza epidemic the ninth annual Clinical Congress of the American College of Surgeons, which was to have been held in New York last month has been postponed.

National Committee on Prevention of Blindness.

The annual meeting of this committee will be held on Tuesday, November 26, 1918, at 8.30 P. M., in the Academy of Medicine, 17 West 43rd street, New York City. Lieut. Col. James Bordley of Baltimore will speak on "The Government and Red Cross Work for Blinded Soldiers." Members are urged to attend, and bring friends.

Academy of Medicine of Northern New Jersey.

The stated meeting of the Academy will be held in the Auditorium of the Board of Health,

Plane street, Newark, Wednesday, November 20th, at 8.45 P. M.

The regular business of the Academy; adoption of resolution:

Resolved, That the day of the one meeting will be the 3rd Wednesday of each month, excepting as it may be necessary for the convenience of an essayist or other unforeseen circumstance.

Election of member of the Academy.

There will be a paper presented on "Classification of Nephritis, Prognosis and Treatment," by R. G. Snyder, M. D., Associate Professor of Medicine, College of Physicians and Surgeons, New York City.

President Wilson Nominates New Surgeon-General.—President Wilson has nominated Major-General Merritte W. Ireland of the Medical Corps to be Surgeon-General for the four years beginning October 4, 1918, Major-General Gorgas being retired on reaching the age limit. General Ireland was head of the medical department of the army in France prior to his appointment as surgeon-general.

Boston University School of Medicine.

Boston University announces that its medical department has been thoroughly re-organized and henceforth will be non-sectarian in scope and character. Eminent physicians of the "regular" school will conduct courses in pharmacology and therapeutics and clinical teaching will be given in the Boston City Hospital and the Robert Bent Brigham Hospital. Homeopathic materia medica will be taught as heretofore, with clinical teaching in the Massachusetts Homeopathic Hospital and allied institutions. The spirit of the times is to do away with sectarianism in things scientific. In accord with this spirit, this school in 1918 announces that its curriculum has been made as broad and inclusive as is consistent with the medical science of the day.

OFFICIAL LIST CORRECTIONS AND ADDITIONS.

On page II. the 3rd Vice-President should be Henry B. Costill, not Frank A.

Councillors: Second District should be Francis H. Todd, Paterson; Third District, Edward S. Hawke, Trenton, instead of Drs. McCoy and Clark who are in M. R. C. service.

On page IV. the Vice-President of Atlantic County Society should be Talbot Reed, not Sam'l Stern.

In the Alphabetical List William A. Newell is given under the letter "M" on page XXVII.

The dues of several members of the Component Society of Hudson were not received until after the whole edition of the Official List had gone through the press. These names do not, therefore, appear in the list. This is a forcible reminder of one of the results of procrastination in the payment or forwarding of dues.

Reinstated and New Members.

Lansing Y. Lippincott, Metuchen.

Effie R. Graff, Vassar College, Poughkeepsie.

Edwin K. Dunkle, Jersey City.

F. D. Stillwagon, Weehawken.

Ralph B. Thomas, Jersey City.

Wm. M. Hutchinson, Pompton Plains.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

THANKSGIVING DAY.

We have abundant cause for thanksgiving and for pride at the record New Jersey is making and the medical profession in New Jersey is making, in these times of stress and strain. The large number of our men volunteering for service in our army and navy; the large percentage of our doctors offering their service in the Medical Reserve Corps and Voluntary Medical Service Corps; the fidelity shown in sacrifice—by many of life itself in efforts to save life and stamp out the epidemic of influenza—Camp Dix in our own State being rated as the model camp in routing out the epidemic; the rallying to the support of the government in over-subscribing in Liberty Bond campaigns; and in meeting conservation of food demands—all these have put us in the forefront for 100 per cent. loyalty, and a patriotism that does not stop to count the cost. Yes, we are proud of our record in the present conflict and we are decidedly in favor of the UNCONDITIONAL SURRENDER of our country's enemies.

That now is sure. It is necessary, not for vengeance, but to safeguard the peace and prosperity of the country and the world. Never have we had greater cause for thanksgiving than we will have on the approaching National Thanksgiving Day as

we emerge from the horrors of war and pestilence.

We have deeply regretted the delay in giving our readers the splendid Oration in Surgery delivered by Prof. George D. Stewart at our annual meeting. Absence from home and the multiplicity of engagements since his return have prevented him from giving necessary time to prepare copy for publication, as the original copy was somewhat incomplete. We hope to insert it in next month's issue of the Journal.

JOURNAL EXCHANGES.

We have received notification of discontinuance of exchange from several State medical journals, suggesting that we subscribe for their journals, but most of them contain no intimation of willingness to subscribe for *our* Journal, which we submit would be the courteous and proper thing to do; and we note also that failure to state terms causes some waste of time, paper and expense in order to make decision as to our subscribing.

We answered one such notification made by the editor of one of our best exchanges, somewhat hastily, as follows:

Your letter is received and I would say that we shall be perfectly willing to subscribe for your valuable Journal if the compliment is extended—of subscribing for our State Journal. Permit me to say that I yield to no man, as excelling, in my loyalty to the government and desire to comply as far as possible with the War Industries Board's suggestions, but when I see the extravagant—yes enormous—waste in the use of paper by the authorities or national committees that are making demands on us, I am inclined to ask, why this inconsistency?

In this connection allow the observation—that printed matter is sent to us for insertion in our Journals, that would, if inserted, leave little space for other matter. There is a lack of conciseness, a surplus of verbiage that is not only unnecessary but which would not be read by many of our readers. If the authors would give us short, sharp, clearcut thought and direct suggestions they would accomplish vastly more and save an immense amount of paper.

Had we taken more time to consider, the verbiage would have been improved slightly. We submit that there should be an exception made in carrying out the wise suggestion of the War Industries Board to economize in the use of paper, in favor of the State medical journal exchanges. The best interests of our journals, our societies, of the profession and of the public generally are subserved by this interchange and the conserving and promoting of these interests,

in view of their relation and importance in the prosecution of the war and humanity's welfare, should need no argument, even as the patriotism, devotion and sacrifice of the members of the profession need no blowing of trumpets, claim of merit or even suggestion of reward. The past record stands and the future is foreshadowed by the record the profession is now making in our country's service.

Our Journal stands ready to continue exchanges with other journals on any liberal or equitable basis. We have welcomed and valued those we have received in the past; they have been helpful in the information they have conveyed of the profession's activities, successes and advancements in different sections of the country, as well as in promoting fellowship, unity and good cheer.

Will editors or managers of other journals please notify us if they desire to subscribe for our Journal when they solicit our subscription.

INFLUENZA EPIDEMIC.

This epidemic, which has been of unusual severity and fatality and has extended over all sections of our country, as well as in other countries, and has especially been marked with disastrous results in many of our army camps, especially at Camp Devens, Mass., and Camp Dix in our own State, seems to have spent its force and is now abating in nearly all sections of the country. New Jersey has suffered its full share. As a general rule it has attacked very largely the young and middle-aged and the mortality has been far greater than in any previous epidemic, due largely to the on-coming of pneumonia, mainly of the broncho type. The State Department of Health early adopted and endeavored to enforce stringent precautionary measures to prevent the epidemic's spread—putting a ban on places of amusement, all large public gatherings, including the churches—an unusual inclusion, and all saloons. The various communities throughout the State very generally observed the order of the State health authorities, although the mayors of Jersey City and Newark protested and the authorities did not enforce the order, claiming that it was unnecessary and unlawfully issued. It is conceded that the law needs amendment to give the Department of Health power to enforce such closure orders.

The New York City Health Department

took a more moderate course which is said to have been endorsed by such eminent authorities as Drs. C. V. Chapin, M. J. Rosenau, W. H. Welch, V. C. Vaughan. The schools were not closed and a discriminating attitude was adopted in closing theatres, moving picture shows and other places of public gatherings in large numbers; those places being closed that were found on inspection to violate sanitary laws and to be favorable to the breeding of disease. Dr. R. S. Copeland, the city's Commissioner of Health, in a public address said: "It required courage to assume such an attitude in the face of opinion which is not based upon authority or study. It is worthy of note that the cities which enforced the most rigid closing orders for theatres, schools, churches and other places of public assembly failed to experience any marked reduction in the prevalence of this disease, except in one or two instances where the closing order went into effect at or about the time when the decrease was unrelated to any activity of the health department of those cities." The doctor further said: "If a universal order with the respect to their closing had been adopted, then logically every department store, every office and factory should have been closed," and he added that the disease had been spread to a large degree by contact in the homes. As to results, he said: "Our record of 5,725 deaths (up to October 17)', with a population of 5,750,000, as opposed to the record of 10,741 deaths in the various army camps of this country which total a strength of about a million, makes an encouraging showing and gives warrant for the belief that our steadfast adherence to our views with respect to the closing of places of public assembly is justified."

There would seem to be a great inconsistency in closing churches at least with their small attendance for 2 or 3 hours once a week, while many factories, where there are several thousand employees in close contact, are allowed to run six days and sometimes seven days a week on full time and often overtime. A majority of the influenza patients attended by the editor of this Journal were employees in one of the factories where there were said to have been 500 cases and about 35 deaths. The effect of newspaper exaggerations concerning the prevalence and severity of these epidemics and the number of deaths should be noted, and the deleterious effects should be impressed upon those in charge. In one

case, early in the progress of the epidemic in a city of about 30,000, in large type there were said to be 6,700 cases; at that rate it might have been made in a few days 10,000, or one-third of the population. Alarming the public is dangerous; educating as to prevention and care is always helpful.

There are many and great problems involved in the prevention and control of epidemic of this disease. We should very earnestly seek to know and apply best methods and to secure unity of action in order to obtain best results. We are glad to know that Governor Whitman of New York has appointed a commission to study and make a report on the cause, prevention, and treatment of influenza, thus making available to health officials and the medical profession generally the scientific information regarding the influenza epidemic now accumulating. Among those who have been invited to serve on this commission are the surgeon generals of the army, navy, and Public Health Service, Dr. Rufus Cole of the Rockefeller Institute; Dr. Walter B. James, president of the New York Academy of Medicine; Dr. Hermann M. Biggs, State Commissioner of Health, and Dr. William H. Park, director of the research laboratories, Department of Health of the City of New York.

DR. COTTON'S REPORT.

We have inserted on pages 384-386 Dr. H. A. Cotton's excellent report to the State Board of Charities and Corrections, on the "Etiology and Treatment of Certain Forms of Insanity." He has given this matter long and careful study and his presentation of facts and conclusions is worthy the careful consideration of the members of a profession noted for its devotion to the welfare of humanity, especially in the direction of preventive medicine and in the care and treatment of the State's defective classes. We call attention to the fact that this report is made by a *New Jersey* alienist—the director of our State Hospital for the Insane at Trenton.

We congratulate Dr. Cotton and also the State on the discoveries of scientific truth thus far made and we shall hope that even greater discoveries will reward future investigations. The *New York Tribune* in an editorial, inserted elsewhere, speaks of the good work that our health boards and other public bodies are doing in popularizing these discoveries and in teaching the larger public the importance of personal hygiene. We

can only refer without attempting discussion, to the excellent work that has been done during the past few years through medical school inspection, that has revealed the immense number of cases of defective teeth, diseased tonsils, etc., and has provided for their treatment. Dr. Cotton's report emphasizes the importance of that work and the need of the observance of personal hygiene by all—young and old.

A FIVE MILLION ARMY MEANS FIFTY THOUSAND MEDICAL OFFICERS.

With an army of three million men in the field or in training and as contemplated, an expansion of this force to five million men, the Surgeon General must have in the Medical Reserve Corps at least fifty thousand doctors.

The Medical Corps must keep pace in growth with the army expansion and it behooves every doctor in the United States between the age of 21 and 55, who is physically, morally and professionally fitted, to arrange at the earliest possible moment, his personal affairs so as to offer his services to his country in the capacity of a medical officer.

The United States is in the war to do her part in winning the struggle and this can only be accomplished by a large and well trained body of troops adequately cared for by a sufficient number of medical officers. The importance of the doctor's service and its relation to the successful outcome of the war cannot be over estimated.

As the mobile forces increase in size, so is there an expansion of Base Hospitals and other Institutions for the care of the sick and wounded and there should be no lack of officers when required to give to our patriotic boys, that professional attention which is so essential.

It is well for the medical profession of the United States to realize at once that a Medical Reserve Corps of at least 50,000 doctors will be required to meet the demands of the Surgeon General and upon which corps he can draw for his medical officers.

We believe by this time that the profession of this country must be fully alive to the needs of the service, so let every doctor who is qualified feel that he is doing not only his patriotic duty in offering his services as a medical officer, but is relieving the tension of the Surgeon General's office by placing at the command of the chief officer of the Medical Department an adequate force without the frequent beating of

drums to supply the necessary number with each increase of the mobile forces.

If you have not already received an application blank for commission in the Medical Reserve Corps, your nearest Examining Board or the Editor of this Journal will be glad to supply you.

WHY SHOULD THE SURGEON-GENERAL APPEAL FOR MEDICAL OFFICERS?

Of the 146,000 doctors in the United States, it is a safe calculation that at least 70,000 of the number are within the age limit, from 21 to 55 years, and are physically and morally qualified to serve as medical reserve corps officers.

Why, in view of this fact, the Surgeon-General's Office should be hard put to secure a sufficient number of medical officers to supply immediate demands and to furnish a reserve force of between forty and fifty thousand doctors is not quite comprehensible.

Every qualified physician, knowing how essential his services are to his country, at this particular time, should consider it not only his duty, but a privilege to take part in this glorious struggle for humanity and democracy.

This is the time when individual opinion must be sacrificed for the benefit of the whole and the time is near when every doctor must be in one of two classes: either a member of the medical reserve corps, United States Army, or in the volunteer medical service.

If you are between the age of 21 and 55 years, and there is a doubt in your own mind as to whether you are qualified or not, let the Surgeon-General determine this matter by applying at once to your nearest Medical Examining Board for a commission in the Medical Reserve Corps.—Boston Med. and Surg. Jour.

TO PHYSICIANS OF AMERICA.

Surgeon General Gorgas called for 1,000 graduate nurses a week—8,000 by October 1st.

Twenty-five thousand graduate nurses must be in war service by January 1—in the Army Nurse Corps, in the Navy Nurse Corps, in the U. S. Public Health Service in Red Cross war nursing. This involves withdrawal of many nurses from civilian practice and necessitates strict economy in the use of all who remain in the communities.

You can help get these nurses for our

sick and wounded men by: Bringing this need to the attention of nurses; relieving nurses where possible wholly or in part from office duty; seeing to it that nurses are employed only in cases requiring skilled attendance; insisting that nurses be released as soon as need for their professional service is ended; seeing that your patients use hospitals instead of monopolizing the entire time of a single nurse; encouraging people to employ public health nurses; instructing women in the care of the sick; inducing high school and college graduates to enter the Army School of Nursing or some other recognized training school for nurses.

Encouraging nurses to go to the front involves real personal sacrifice and added work on the part of the physicians whose duty it is to maintain the health of our civilian second line defense—But the men who are fighting for their country in France need the nurses.

*American Red Cross,
Washington, D. C.*

DOCTORS NEEDED AT HOME.

The Ohio State Medical Journal in its September issue says:

"It is asking a great deal of a physician—especially of a young fellow who is just establishing a practice, and who has not as yet accumulated a competency—to give up his practice and enter the service. But it is asking a great deal of a boy to go into the Army and fight.

"We have heard of one physician who says the reason he does not volunteer is that he is needed at home; that the people of his community require his services. We take no stock in any such reason. In the first place the people "at home" do not require the services of a physician to the extent that the soldiers do. As cold as it may sound, their lives are not worth so much. Besides, there is nothing in the statement; there are plenty of physicians past the age when they could be of most use to the government to stay at home and look after the people who require treatment."

FOR OUR MEN IN SERVICE.

We take the following from the Ohio State Medical Journal. It applies equally in New Jersey and every other State:

We earnestly urge every county medical society in Ohio to pay the county and State medical association dues of any of its members who may be in military service. It is not sufficient to give them honorary

membership during the period of military service, for that means that the county and State medical organizations do not receive the funds that are sorely needed for keeping up enterprises that are just as much for the benefit of members in military service as for those who are at home. Furthermore, there is no good and sufficient reason why those doctors who remain at home should not be willing to pay a little extra for the benefit of their confreres who have at great sacrifice, financially and otherwise, given their services to their country. Let the badge of shame and disgrace be tacked on to any doctor who refuses to help pay the county and State association dues of any of his confreres who are in military service. Let us have a full enrollment in the State Association, with dues fully paid for all members, and those who stay at home should consider it an honor and privilege to pay for those who are away in the service of the country.

STAND BEHIND THE BOYS.

How many doctors have applied this now very expressive phrase to themselves? There is nothing that puts more heart and gives so much confidence to a soldier in the thick of a fight, than the thought that if he does suffer a casualty, he will receive proper medical care and attention. What are you doing in this respect?

There are many boys, sons of your patients or friends who have been or will be called into the service, and what a source of consolation it would be to the parents to know that possibly their own doctor might be the one to look after them and they will welcome your acceptance of a commission in the Medical Reserve Corps and compliment you for so doing.

The opportunity for you to do the most good in a professional way to the greatest number of people, is to offer your service to your country through the Medical Reserve Corps. Do not think longer about it, but apply at once to your nearest medical examining board, and if you are not informed of its locality, the Editor of this Journal will supply the necessary information.

Stand by our boys, your boys, their boys. Remember the gallant French in '76, the British who stood by Dewey in 1898, the Garibaldis who were always for liberty.—Iowa State Med. Jour.

The physician who is prompted by a purely altruistic spirit, the one who is always

willing to make sacrifices for his country, the one who is willing to give up a position attained through years of endeavor for the good of the common cause—these are the men who have been coming forward from the first, and who will continue to come forward. The man who wants to utilize the opportunity to make money, the man who would capitalize the sacrifices of a confrere, the indolent—these find it possible to explain—to themselves—why they do not volunteer. There are, of course, those whom the Surgeon-General's Office will not commission because it knows of justifiable exempting circumstances. There are those whose entrance into the service would be a distinct loss to their communities and, in the final analysis, to the government.—A. M. A. Jour.

SOLDIERS' INSURANCE.

Secretary McAdoo received a few weeks ago the following cablegram from General Pershing:

"All ranks of the American Expeditionary Forces appreciate deeply the generous measure the Government has taken to provide insurance for their families, in proof of which more than 90 per cent. of men have taken out insurance. To wisely provide for their loved ones heartens our men and strengthens the bonds that unite the army and people in our strong determination to triumph in our most righteous cause."

The Bureau of War-Rick Insurance up to June 28 had written \$21,566,000,000 insurance, representing 2,570,455 applications. The average amount of insurance applied for is \$8,387, and in some battalions and regiments, some in France and some here, every man has taken out insurance. In some units every man is insured for the maximum \$10,000.

The Editor sends hearty congratulations to Dr. Cyrus L. Stevens, Editor of the Pennsylvania State Society's Medical Journal, on his election as president-elect of the State Society and also on his recovery from the attack of pneumonia which prevented his attendance at the Society's recent annual meeting.

Most of our unhappiness in this life comes about because there is in us a scrap of infinite that is not satisfied with finite things. There is a longing in the human heart to unfold into a better life. To do and to be noble is the deepest desire of every heart.—Dr. Henry Van Dyke.

Special War Items.

Commissions Offered and Orders to Duty on Acceptance.

(Members of Medical Society of New Jersey.)

Cpts. Clinton L. Decker and J. Irving Fort, Newark.

Capt. Frederick A. Finn, Jersey City, to Camp Holabird, Md.

Capt. Brown Morgan, Bloomfield, to Camp Dix, base hospital.

Capt. Clifford Mills, Morristown, to Camp Lee, Va., base hospital.

Capt. Francis H. Todd, Morristown, to Camp Shelby, base hospital.

Capt. George W. Wilkinson, Morristown, to Camp Meade, Md., base hospital.

Capt. Thomas A. Dingman, Paterson, to Camp McClellan, Ala., for instruction.

Capt. Clarence R. O'Crowley, Newark, to Williamsburg, N. Y.

Capt. P. C. Washburn, Cape May, to Washington, D. C., hospital.

Capt. J. Morgan Jones, Jersey City, to Camp Humphries, Va., base hospital.

Capt. George W. Lawrence, Lakewood, to Camp Meade, Md.

Capt. Warren J. Duckett, Jersey City, to Camp Devens, Mass., base hospital.

Capt. John Cook, Bayonne, to Camp Dix, base hospital.

Capt. E. Moore Fisher, Greystone Park, to Camp Gordon, Ga., to examine for nervous and mental diseases.

Capt. Edgar L. West, Trenton, to Camp Devens, base hospital.

Lieuts. Emanuel S. Black, Williamstown; Harry E. Briody and Jacob J. Greengrass, Paterson; J. G. L. Borgmeyer, Bayonne; Thomas H. Platt, Dunellen, to Fort Oglethorpe, Ga., for instruction.

Lieut. T. J. E. Holmes, Paterson, to Camp Jackson, S. C., base hospital.

Lieuts. S. Hirschberg, Newark, and Jacob L. Rosenstein, Jersey City, to Camp Sevier, S. C.

Lieut. C. H. Canning, Atlantic City, to Camp Jackson, S. C.

Lieut. Alfred Stahl, Newark, to report to commanding officer Eastern Department.

Lieuts. H. H. Bowles, Summit; W. H. McCormick, Perth Amboy; Peter Brancato, Chas. B. Russell and Francois J. T. Was, Paterson; W. Price Davis, Atlantic City; R. W. Randall, Hackeetstown, and James M. MacKellar, Tenafly, to Fort Oglethorpe, Ga., for instruction.

Capt. Louis A. Denis, West Hoboken, to Cornell Medical College, N. Y., for instruction.

Capt. Edward B. Clement, Atlantic City, and Lieut. W. A. Taylor, Trenton, to Camp Meade, Md., base hospital, and Capt. C. A. Keating, Paterson, for instruction.

Cpts. J. H. Oram, Paterson, and W. D. Miningham, Newark, to Camp Lee, Va., for instruction.

Lieuts. G. W. Disbrow, Newark, and A. E. Olpp, West Hoboken, to Camp Lee, Va., base hospital.

Lieut. Paul Livingston, East Orange, to Camp Zachary Taylor, Ky., base hospital.

Lieuts. Richard J. McDonald, Butler; G. T. Longbotham, Dunellen; Charles F. Merrill, New Brunswick; Richard Stinson, Paterson, and Jacob M. Stein, West Hoboken, to Fort Oglethorpe, Ga., for instruction.

Cpts. Guy Payne, Cedar Grove, and F. C. Horsford, Newark, to St. Elizabeth Hospital, Washington, D. C.

Capt. Edwin W. Landis, Stillwater, to report to commanding officers, Southeastern Dept.

Capt. Thomas Alsop, Atlantic City, to Lakewood, N. J.,

Capt. W. Homer Axford, Bayonne, and Lieuts. Thomas P. Boyle, Newark; Charles J. Larkey and Abraham Hunt, Bayonne; A. V. Simmons, Irvington; Norman L. Rowe, Jersey City; Royal M. Cohn and Lester R. Davis, Newark; John M. Dane, South Orange; Wm. S. McDannald, Tenafly, to Fort Oglethorpe, Ga., for instruction.

Lieut. J. Floyd Bowman, Irvington, to Camp Dix, base hospital.

Capt. E. A. Curtis, Newark, to Camp Devens, Mass., base hospital.

Lieut. George W. Davies, Cedar Grove, to Camp Sevier, S. C., to examine for nervous and mental diseases.

Capt. William Gauch, Newark, to Hoboken, N. J.

Lieut. Henry J. Gilbert, Newark, to Newport News.

Lieut. George R. Hampton, Greystone Park, to Camp Wadsworth, S. C., to examine for nervous and mental diseases.

Capt. Henry D. McCormick, Kenil, to Camp Humphreys, Va.

Lieut. Henry D. Rich, Newark, to Camp Crane, Pa.

Lieut. Harry A. Scheppach, Newark, to Yale Army Laboratories, New Haven, for instruction.

Lieut. William Spickers, Paterson, to Camp Jackson, S. C., base hospital.

Commissions Accepted, Medical Corps, U. S. Army.

Clarence A. Birdsall, Jersey City.

Harold W. Brown, Jersey City.

William F. Costello, Dover.

Frederick A. Finn, Jersey City.

Francis R. Haussling, Newark.

J. Morgan Jones, Jersey City.

Cadwell B. Heeney, Summit.

James H. Lowrey, Newark.

Charles H. Mayhew, Millville.

Charles F. Merrill, New Brunswick.

Oscar A. Mockridge, Newark.

Archibald E. Olpp, West Hoboken.

Thomas H. Platt Jr., Dunellen.

Ralph B. Thomas, Jersey City.

Charles B. Russell, Paterson.

Alfred Stahl, Newark.

Philip C. Washburn, Cape May.

Orders to Officers of the Medical Corps, U. S. Army.

Lieut. Lawrence Rogers, Trenton, to Camp Dix, N. J.

Capt. Nelson K. Benton, Newark, to Camp Greene, N. C., base hospital, for instruction.

Capt. C. B. Luffburrow, Plainfield, to Fort Des Moines, Iowa, base hospital, for instruction.

Capt. Norman W. Currie, Plainfield, to Bellevue Hospital, N. Y., for instruction.

Capt. Joseph L. Fewsmith, Newark, to Fort McHenry, Md., for instruction.

Capt. Palmer A. Potter, East Orange, to Camp Upton, N. Y.

Capt. Edward B. Rogers, Collingswood, to Hot Springs, N. C.

Capt. Edgar S. Krans, Plainfield, to Camp McClellan, Ala., as tuberculosis examiner.

Capt. Harris Day, Chester, honorably discharged.

Lieuts. E. W. Ill., Newark, and J. L. Farden, Irvington, to Camp Crane, Pa.

Lieut. Wm. G. McCormack, Whippany, to Camp Jackson, S. C.

Lieut. Jacob J. Mann, Perth Amboy, to Camp Meade, Md.

Major Carl E. Sutphen, Newark, to Camp Greene, N. C., base hospital.

Capt. Clifford R. Neare, East Orange, to Camp Hancock, Ga., base hospital.

Lieut. Ralph D. Vreeland, Passaic, to Camp Hancock, Ga., base hospital.

Deaths in the Service.—Lieut. Sidney Pearson Lewis of Jersey City, N. J., was killed by a shell on August 10, on the Somme battlefield, while serving with the Fifty-second Field Ambulance. Dr. Lewis entered the service last March, and after receiving his training at Fort Oglethorpe was transferred to the British Expeditionary Forces.

Fort Sheridan Base Hospital.—The work of converting Fort Sheridan, Ill., into a base hospital was begun on October 10th. The estimated cost of this work is \$3,434,00, and when completed the hospital will have 4,000 beds.

Hospitals for Reconstruction.

The Surgeon-General of the Army has taken over Fort Snelling, Minn., Fort Sheridan, Ill., and Fort Benjamin Harrison, Ind., and will convert them into additional general hospitals for the reception of sick and wounded soldiers returned from abroad. They are to be reconstructed hospitals and to fit the wounded for vocational instruction. Each hospital unit will accommodate 1,000 patients.

A Six Hundred Bed Hospital Erected and in Operation within Twenty-five Days—Reserve Hospital for Chateau-Thierry.

When the United States Marines and the Rainbow Division attacked Chateau-Thierry, all the hospitals available were quickly filled with wounded. Every available building had been occupied by the Medical Department and there was still need for additional beds. The American Red Cross in Paris received a telegram from the front reading, "We must have a six hundred bed hospital in double quick time." Fortunately, a deserted race track was found which furnished the necessary space. The reserve store houses of the American Red Cross contained all the material required to set up the desired hospital and to equip it, complete in every respect. Long motor truck trains conveyed the knock-down forms to the grounds. Framework, flooring, canvas, windows, and foundation supports, all ready to be put together at a moment's notice, were piled on the trucks. Every eighteenth truck carried a complete operating room and equipment and hauled a trailer on which a sterilizing room was carried for emergency needs. At the end of the twenty-fourth day, the entire hospital, complete in every detail was ready for occupancy.

The Army Medical Department arrived before daylight with bed and equipment, and by

noon the hospital with six hundred beds was turned over to the surgeons, nurses, and hospital corps. By midnight of the twenty-fifth day after the order for the hospital was received in Paris, 160 young Americans, wounded, gassed, or sick, rested comfortably in clean beds. This is a record of efficiency which would be difficult to duplicate, but which is characteristic of the method of the American Red Cross and of the Medical Department of the United States Army.—N. Y. Med. Jour.

U. S. Army Model Sanitary Trains.

In less than six months the medical department of the United States Army has established sixteen model sanitary trains which are now running on the French railroads and are destined for the American Army. More than 640 wounded can be taken care of on one train, which has 630 beds. Each coach for the wounded is provided with a bathroom. The train is lighted by electricity and has telephone connection between all the coaches.

Few Drug Addicts Among Drafted Men.—The greatly exaggerated reports as to the number of drafted men rejected because of drug addiction have led the War Department to publish the actual figures. Of 990,592 men examined in the draft up to January 1, 1918, only 403 were rejected for drug addiction and only 76 discharged for this reason. The ratio of rejections in the draft for drug addiction is only one man in each 2,500.

CORRESPONDENCE.

From Our Members in France.

The Editor is indebted to Dr. G. K. Dickinson for this letter:

Base Hospital 15, A. P. O. 706.

A. E. F., France.

October 3, 1918.

My dear Doctor:

You and those of my confreres at home may be interested to know the life and workings of an army surgeon in the field. I am working in an evacuation hospital behind the front lines. The government has provided me with my own operating team, consisting of two medical officers, two nurses, and two enlisted men. I am operating on three tables in continuous succession, in shifts of twenty-four hours, alternating with two eighteen periods. The class of work includes all divisions of war surgery, especially suturing of tendons and nerves, of which there are a great majority in excess of other less important structures.

We receive our cases in point of time from ten to thirty-six hours after injury. The latter cases are generally badly infected with streptococci and Welch bacilli. Our hospital is equipped with laboratory and x-ray facilities. The Red Cross is more than liberal in the giving of its supplies, and the great and continuous work which they are doing is certainly a marvel and should receive the greatest commendation.

We move from place to place as the front lines advance in an attempt to keep in touch for constant functioning. Our mortality in abdominal and head cases is very high, often due to delay in transportation, which is entirely unavoidable, as the difficulty in carrying them

from the field to hospital is often unsurmountable. Our quarters vary from tents to improvised wooden shacks. We have no fault to find with the apparatus, instrumentation and appliances with which the government has provided us.

The injury made with the machine gun and rifle carries the lowest mortality and does the smallest amount of damage. The destruction caused by the high explosives often gives great damage and havoc. The following of wound tract with the necessary debridement of soft tissue and structure is more than interesting, while often a great sacrifice of tissue is necessary to save life and limb.

Our cases move in rapid succession from field to ambulance dressing-station, to field hospital, to mobile surgical hospital, to evacuation hospital, to evacuating base hospital, and finally to base hospital, whence they are shipped overseas to the general reconstruction hospital in the States.

I remained with the regiment and brought it from camp to France, travelled across country from field to field, and into the trenches, doing my share of trench work. I was relieved of regimental work on July 28th, going to a rest camp for six days, then attached to the above addressed base hospital unit, which originated from the Roosevelt Hospital. I left the base hospital with assignment to duty in operative evacuation work on August 13th, and since have been doing operative field work continuously.

Major Miner is with the 113th Infantry, not as yet doing operative work. I have seen First Lieut. McLoughlin and First Lieut. Binder. Major McCoy is only a few miles away. Major Coe of New York is in my vicinity. Colonels Finney and Cushing come and go constantly. General Ireland has made us one visit, and General Gorgas also honored us with his presence.

This is a brief resume of what I am doing; and it occurred to me it might be interesting to those at home to hear from one of their number on the fighting field. Please remember me to all at home.

It is my earnest wish that you may all be in good health, and I hope to return again to our dear country some time in the very near future.

Very truly yours,

J. M. Rector, Major, M. C.,
Base Hospital 15,
American E. F., France.

Capt. W. Leslie Cornwell, M. D.

We give the following extracts from letters received from Capt. Cornwell, Medical Corps, A. E. F., France, as given in the Bridgeton News. We are always glad to hear from our members who are in M. R. C. service abroad and send them heartiest greetings.—Editor.

"BASE HOSPITAL, NO. 116, Sept. 18.—Well, I will begin this letter, though I have only fifteen minutes before the lights go out. Have been listening to the stories of a lieutenant who was in the past drive, and some of them were thrillers let me tell you. He said no one will ever stop the doughboys, as their spirit is very good. They are ready to 'go over' any minute. I think from all the

stories it must be hard to hold them back when they get started.

"Sept. 19.—We have had more rain to-day and raining every once and a while this evening. They say that it will continue so until next June. I have been working hard to-day; have dressed the wounds of about forty German prisoners and they are a pretty good bunch of men physically; the work is interesting. I am only helping out for a time; have charge of a ward; expect to be moved on in the near future. I guess nothing is permanent when one is a casual officer in this game but in the meantime one gathers a world of information. I cannot tell you where I am located as it is against orders when one is in the line of advance, but you can rest assured that everything is O. K. here. I only hope our boys receive as good treatment when they are wounded as the Germans do when they fall into our hands; they really get best of care. Have not found my bedding roll or trunk as yet; suppose it is on its way—so is Xmas. Will close for to-day. Don't think I am down-hearted, am willing to remain here five years and take my chances until the end is sewed up tight—no half-way peace; and everybody else talks the same way."

"Sept. 20.—I have just finished my day's work which was a most interesting one and not so very hard to-day; the work having eased up considerably; still on the German ward helping out. We have quite a courtship going on here in the hospital. Each evening about 5.30 P. M. one of the aviators comes down and drops a note directly in front of the nurses' quarters. He flies very low indeed. Sometimes the note lodges on the building, then one of the enlisted men gets a ladder and goes up after it. The note is tied in a box of some sort, then it has a long red, white and blue tail to it. The aviator flies around and watches to see that some one picks it up. It is some sight to see him swooping down, he nearly touches the buildings.

"I bought a new pair of shoes a couple of days ago, they are the field shoes and are full of hob nails; sure do save shoe leather but heavy as thunder to wear about. These stone roads here do not do a thing to the leather soled shoes. They wear over the heels in three or four days. Will close this epistle for this evening as it is nearly eating time and I am ready to do my part in that line. I hope everybody is well and happy as can be under the circumstances. Things are fine here.

"Remember me to everybody home. Am feeling fine as frog's hair, haven't even had a cold. This out-door life is a good preventive. Well, we have quite a hospital here; about two thousand beds in an emergency. It is really an evacuation hospital; care for the patients a few days then ship them down the line; that's the way it is worked to make room for the ones coming in; and a braver lot than our men are you never saw. The work is fine, seeing lots of new stunts and enjoying it."

Red Cross Work During the War.

The American people have either paid in or pledged to the American Red Cross for its work of relief throughout the world, in money or material values, a net total of at least \$325,-

000,000. It has a total membership of 20,648,103, and in addition 8,000,000 members in the Junior Red Cross; a total enrolment of more than one-fourth of the population of the United States. American Red Cross workers produced up to July 1 last a total of 221,282,838 articles of an estimated value of \$44,000,000. About 8,000,000 women are engaged in can-teen work and the production of relief supplies.

The American Red Cross is distributing aid in ten countries—the United States, England, France, Italy, Belgium, Switzerland, Palestine, Greece, Russia and Siberia. Besides, it has sent representatives to Servia, Denmark and Madeira. More than 5,000 Americans will be working under the Red Cross in France by January 1 next.

"By the first of January, the Red Cross will have working in France upward of 5,000 Americans—a vivid contrast to the little group of eighteen men and women, which, as the first Red Cross Commission to France, sailed about June 1, 1917, to initiate our efforts in Europe. The Red Cross now has active, operating commissions in France, in England, in Italy, in Belgium, in Switzerland, in Palestine and in Greece. It has sent a ship load of relief supplies and a group of devoted workers to northern Russia; it has dispatched a commission to work behind our armies in eastern Siberia.

The Council of National Defense Authorizes the Following:

Interest among the members of the medical profession as to how their services are to be used in the Volunteer Medical Service Corps, once they have been enrolled and have put on the badge which indicates their willingness to serve and readiness to respond to a request from the Surgeon Generals of the Army, Navy or Public Health Service, or from the Provost Marshal General or from the General Medical Board of the Council of National Defense, has led to the announcement by the Central Governing Board of the basic system of classification for the organization. The lines on which the classification is made were determined by the Committee on Classification of the Central Governing Board, and whose report was adopted. This classification committee has on it representatives of the Army, Navy, Public Health Service, Council of National Defense, American Red Cross, Hospitals, Colleges, Civilian Doctors, War Industries.

A summary of these classes follows:

Class I.—These will be the physicians first recommended by the Central Governing Board to apply for commissions in the Medical Reserve Corps of the Army, Reserve Force of the Navy, or for appointment in the Public Health Service. They include physicians under 55 years of age, who are without an obvious physical disability which is disqualifying, and who have not more than one dependent in addition to self; or who have an income or whose dependents have an income sufficient for the support of dependents other than that derived from the practice of their profession.

There are several exceptions provided for because of evident essential needs. Whether a physician's services are essential to his community will be established by the Central Governing Board on recommendation of representa-

tives of the board appointed by it to make a survey of local conditions. Whether a physician is essential to an institution with which he may be connected will be established after conference between representatives of the Central Governing Board and representatives appointed by governing bodies of the institutions concerned. Similarly, the question of whether a doctor is essential to a health department will be established by conference between the Central Governing Board and the head of that health department. The question whether a teacher in a medical school is essential to that position will be established by the Central Governing Board and representatives of the institution. Conference between the board and accredited representatives of industries concerned will determine whether doctors employed as industrial physicians are essential in those positions. A physician essential on his local or medical advisory board will not be disturbed.

CLASS II.—In Class II. are physicians under 55 years of age who are without an obvious physical disability which is disqualifying, and who have not more than three dependents in addition to self. These will be recommended by the Central Governing Board, when the need exists, to apply for commissions.

Exceptions in Class II are the same as in Class I.

Class III.—These are physicians under 55 years of age who are without an obvious physical disability which is disqualifying, but who have more than three dependents in addition to self; and they are the physicians included among the exceptions from Classes I. and II., namely those essential to communities, institutions, health departments, medical schools or industries. They will be recommended by the Central Governing Board to apply for commissions when the emergency is so great as to demand their services.

Class IV.—In Class IV. are the physicians who are ineligible for commissions in the Medical Reserve Corps of the army, or Reserve Force of the navy, but who are available for all other services. The physicians in this class include those over 55, those having an obvious physical disability which is disqualifying, and those rejected for all government services because of physical disability.

Physicians not professionally eligible for the Medical Reserve Corps of the army or for the Reserve Force of the navy, or for appointment in the Public Health Service, will be recorded but not admitted to the Volunteer Medical Service Corps.

Applications for enrollment in the Volunteer Medical Service Corps continue to come in from physicians from all over the country and by every mail to the headquarters at the Council of National Defense Building. These are being classified as rapidly as possible. Representative physicians from various parts of the country are assisting in the work incident to the classification.

State Executive Committees, enlarged to handle the work of the Volunteer Medical Service Corps, are perfecting the organizations in their States, and county representatives have been appointed in practically every county in the country. Group meetings are being held in many of the States, at which the State Exe-

cutive Committees and county representatives are being addressed by members of the Central Governing Board of the Volunteer Medical Service Corps.

The Volunteer Medical Service Corps.

An appeal to Executive Committees and County Representatives of the Volunteer Medical Service Corps, and State Committees of the Council of National Defense.

No official or committeemen representing the Volunteer Medical Service Corps of the General Medical Board of the Council of National Defense is now authorized or has been authorized to favor any organized or unorganized method of coercion in inducing members of the medical profession to join the medical corps of the Army or Navy, or the Volunteer Medical Service Corps. Our committeemen are especially urged against favoring any movement that would threaten to impair a medical man's standing in his local, state or national society because he refused to enroll in the Army or Navy, or the Volunteer Medical Service Corps.

It must be made clear that the Volunteer Medical Service Corps is a volunteer organization which has for its object the enrollment and classification of the profession. Its members are entitled to wear an insignia which will clearly indicate that they have offered their services to the government, when such services are needed. Patriotism cannot be created by coercion. It also must be made clear that the Volunteer Medical Service Corps has for its primary object, furnishing its classification to the Army, the Navy, the Public Health Service, the Red Cross and Provost Marshal, as well as to civilian institutions and communities, as a guide in providing for their needs to the best advantage.

The object of the corps is not to disturb any medical man in the performance of any duty to which he has been assigned by any governmental agency either for service at the front or at home.

(Signed) Edward P. Davis, President,
Volunteer Medical Service Corps.
Franklin Martin, Chairman,

General Medical Board, Council of National Defense.

An Unprecedented Opportunity for Women.

By Emma Wheat Gilmore, M. D.,

Chairman Committee of Women Physicians,
General Medical Board, Council of
National Defense.

The same year that gold was discovered in California, a lone pioneer received the first medical diploma which the United States had issued to a woman. Other colleges shortly followed the example of the one which had opened its doors to Elizabeth Blackwell, and to-day over fifty co-educational medical schools admit women upon the same terms as men.

There are more than 25,000 American physicians in military service at this writing, and the Council of National Defense is undertaking, through the Volunteer Medical Service Corps—an organization which has President Wilson's approval—the task of classifying the qualifications of ninety thousand more. Of these, about six thousand are women, less than one-third of whom have registered with the

General Medical Board. Women of the profession, unless our qualifications are standardized and on file, can you not see that we are an unknown quality and quantity as far as the Government is concerned? In spite of the overwhelming difference in number—6,000 women and over 100,000 men—and regardless of the fact that over twenty-two centuries have passed since Hippocrates wrote the immortal oath, and only sixty-nine years have elapsed since women entered the medical profession, the Volunteer Medical Service Corps has invited them to membership with the same impartial cordiality as it has the men.

During the last week in August application blanks for the Volunteer Medical Service Corps were mailed in franked envelopes to all legally qualified men and women in the United States who were not already in Government service. Presumably a number of women have been overlooked because many of them are not members of medical societies, but this will speedily be corrected if a notification of the omission is sent to the Volunteer Medical Service Corps, Council of National Defense, Washington, D. C. Meanwhile, medical women who possess a vision will see in the Volunteer Medical Service Corps an incomparable method of organization which will register their qualifications and place them in an identical coded class system with men physicians. This corps is in reality an ideal procedure for mobilizing the military forces of our country for selective medical war service. Incidentally it will place loyal and patriotic medical women by the side of those men who are willing to give themselves. Even though all of them are not elected to membership, their names will be on file with the Government as willing to serve as far as their strength and capability will permit, and no one can point a finger at them and say "slacker."

Will a page be turned over in the history of American Medical Women upon which will be written the qualifications of 6,000 of them, matching that group of English physicians known as the Scottish Women's Hospitals, which was so perfectly organized that they were able to hand over to their Government a constructively organized body of professional women for military service? Or shall we continue, as we have done in sporadic groups for the past 69 years, to demand recognition of men and at the same time neglect to unanimously affiliate with them in recognized medical societies, and to withhold our influence both with pen and vote when medico-social and medico-political and medico-scientific issues are at stake which shake the very foundation upon which medicine rests? The body politic of the civilized world holds a prominent place for the profession of medicine in the near future. Are we to have a hand in shaping it? The Volunteer Medical Service Corps is big with promise for women of the medical profession if we take advantage of it to put ourselves on record. The response which the Council of National Defense receives from women who apply for membership will tell the tale as to whether they have or have not grasped and taken advantage of the unprecedented opportunity which this world's war for Democracy has opened up for them through the medium of the Volunteer Medical Service Corps.

Pneumonia at Camp Meade.

Dr. H. M. Thomas, Baltimore, gives the following summary in his paper on "Pneumonia" in the A. M. A. Jour.:

The large majority of cases of pneumonia seen at Camp Meade during the past year were typical cases of lobar pneumonia.

The colored troops were much more liable to pneumonia than the white troops, but their mortality was only two-thirds as great as the white troops. The morbidity may be partially explained by the fact that most of the colored troops were from Tennessee, while the white troops came from Maryland and Pennsylvania.

Primary bronchopneumonia or pneumonia following bronchitis is considered a very rare disease in adults. We saw forty-six cases of bronchopneumonia which did not follow measles or scarlet fever or general anesthesia. They presented a fairly distinctive clinical picture. Empyema was a very frequent complication, and from all but two of the pleural exudates a hemolytic streptococcus was isolated.

I wish to emphasize the importance of early recognition of mild cases of bronchopneumonia so frequently passed over as bronchitis. These patients, if not put to bed, may go on to a severe illness.

The cases of interstitial bronchopneumonia seen by us were not in measles patients. One patient had scarlet fever for six days before fluid was detected. They presented a somewhat different picture of sudden onset, generally with a chill, great prostration, nervousness and apprehension. Early and rapid accumulation of fluid which had a typical, thin, cloudy appearance was the rule. The hemolytic streptococcus was recovered from these cases.

The percentage of postmeasles pneumonia, while relatively small (5.7 per cent.), was nearly three times as large as pneumonia following scarlet fever (2 per cent.). I feel that this point is not one to be overlooked in the study of the role of the streptococcus in pneumonia.

Serum treatment of Type I cases apparently yielded excellent results. I believe that the mortality was lessened, the febrile period shortened and the number of complications reduced by its use.

Type II pneumococci were recovered from the sputum of several patients suffering from bronchopneumonia and bronchitis. As far as I know, these patients had not come in contact with Type II pneumococcus pneumonia cases.

Pneumonia Complicating Influenza at Camp Devens.

Drs. Spooner, Sellards and Wyman give the following as their summary in a paper in the A. M. A. Jour.:

1. A normal number of Type I pneumococcus pneumonias were found complicating or following influenza.

2. The mortality in this group, when treated with serum of low titer during their entire course, or only in the last stages with high titer serum, was approximately double that similarly treated before the epidemic.

3. An unusually high mortality in Type II cases of pneumonia was found during the epidemic of influenza.

4. Patients treated with high titer serum during the entire disease showed a mortality of only 7 per cent.

5. It is considered inadvisable to inject pneumonia patients with large quantities of low grade serum.

Camp Dix's Model Record Fighting Influenza.

The officers of Camp Dix are looking back with pride to the results accomplished when the epidemic swept through the camp—results that have won the commendations of inspectors from the surgeon-general's department in Washington and which have been placed before the other camps of the country as a model of what can be done in an emergency and also as a basis for the fighting of the epidemic. At the outbreak the first death had hardly been reported when the army medical officers began a vigorous fight under the direction of Lieutenant Colonel H. R. Beery, camp surgeon. From the first time the disease made its appearance until the present satisfactory conditions developed Major-General Hugh L. Scott, the camp commander, has kept his eye on every move.

Right away a quarantine was announced, although it was mid-afternoon on a Sunday, September 22. Visitors were requested to leave camp and men outside allowed in, but after that only official business or some other valid excuse enabled an enlisted man or officer to leave camp, and to this strict quarantine is laid one of the successes of the campaign. Every day there came a bulletin advising the men as to the precautions to take, and under the direction of the officers the men were compelled to rinse their mouth and nose and brush their teeth three times a day. Up to the present time this order has been enforced. Steps were taken to prevent overcrowding and all the public places were closed, while in the barracks each man was allowed forty-five square feet of floor space. This met the approval of the inspector, who declared that even more floor space than was necessary was allowed each man as some of the soldiers were kept in tents, which were heated by a small stove. The cubicle system was employed in the barracks, that is, every man was separated with a part of the shelter tent stretched between each bed. Fires were started in all the barracks and the beds, bedding and clothing were aired each sunny day. Overcoats and woolen underclothes were issued and every precaution taken to keep the men warm.

One feature of the report was the statement that "flies were rarely seen in the messes." The co-operation on the part of officers was another point that met with favor in the report of the inspector. Every regulation was strictly enforced and as soon as a man felt ill he was immediately sent to the infirmary, where his case was diagnosed. If light he was kept in an isolated part of the area or sent to the temporary hospital that was opened in the artillery area.

Although the quarantine ban was lifted October 21, Major-General Scott issued instructions to the unit commanders giving precautionary measures to maintain healthful conditions; the men were ordered to continue the spraying of the throat and nose twice daily and

the teeth are to be brushed before spraying, and the granting of passes was restricted.

About 12,000 were treated for influenza and only about 1,200 of these developed pneumonia. Although over 500 succumbed to the disease, yet, when it is figured that there were many, about 50,000, men in camp there, it is readily seen, that the results were indeed satisfactory and that the compliment paid to General Scott and the medical officers by the inspector was deserving, for, it is added, nothing was left undone to successfully wage a hard fight against the disease and the resultant pneumonia.

Camp Dix's handling of the epidemic won praise from the Surgeon-General's Department, and the methods used were commended to the country's other camps.

Pneumonia Complicating Influenza at U. S. Naval Hospital, Chelsea, Mass.

The following is the summary in paper by Drs. McGuire and Redden in the A. M. A. Jour.:

Treatment of influenza patients with the pneumonia complication by the use of convalescent serum was started at this hospital, September 28, 1918.

Up to the time of writing, thirty-seven pneumonia patients have been treated. Of this group, thirty are convalescent; six are under treatment; one has died; all but one of these have a favorable outlook.

At present, the potency of the convalescent serum can be tested only by its clinical effect. Further attempts are being made to titer the serum.

Experience shows that the most beneficial results will be obtained by giving the proper serum within the first forty-eight hours of the pneumonia complication.

It has been our observation that the virulence of the organism has decreased in this hospital as the epidemic progressed; but making allowance for this diminution in severity of the pneumonia cases, it is believed that the serum from convalescent influenza pneumonia patients has a decided influence in shortening the course of the disease and lowering the mortality.

This treatment requires the co-operation of a well equipped laboratory, where the proper laboratory procedure, as previously noted, can be performed, and should be used only by those who are prepared to have this necessary laboratory work carried out.

Free Medical Treatment for Former Soldiers.

—A bill has been introduced in the U. S. Senate relating to free medical treatment. It provides that any person having served in any wars in which the United States has been engaged as a belligerent, and who has been or may hereafter be honorably discharged from the army, navy, marine corps, or coast guard by muster out, resignation, or otherwise, and who may be suffering from the effects of wounds, injuries, or sickness incurred in the line of duty while in the service of the United States, shall be entitled to receive surgical and medical treatment from the medical officers of the army, navy, or public health service, whenever practicable, free of charge, in the same manner and under the same regulations as are or may hereafter be authorized to officers and enlisted persons in the military service. It

also is provided that any medical officer or surgeon of the army, navy, or public health service, who shall unreasonably or capriciously refuse or neglect to grant surgical or medical attendance to the persons authorized to receive the same shall, in the discretion of the President, be dismissed from the service of the United States and shall be rendered incapable of holding any office of honor or trust under the United States.

Miscellaneous Items.

Alcoholism Decreasing.—Dr. J. C. Doane, resident physician in the Philadelphia General Hospital, reports that in the alcoholic wards there were 12 patients as compared with 175 for the month during 1917, and that during the entire summer there were but two cases of delirium tremens as compared with twelve last year.

Drug Addicts Increasing in Number.

A special U. S. Treasury investigating committee reported recently that the habitual use of morphine, cocaine, heroin and other narcotics had rapidly increased during the last two years. It is estimated that there are at least 1,500,000. The number given for New Jersey being 2,274. A drastic anti-narcotic law is urged upon Congress.

\$75,000 for N. J. Tuberculosis Work.

New Jersey will receive \$75,000 as its share of the \$2,500,000 appropriation given to the National Tuberculosis Association by the War Council of the American Red Cross to carry on the campaign against tuberculosis. In making this announcement the New Jersey Anti-Tuberculosis League, whose headquarters is at 45 Clinton street, Newark, says the State's allotment will have to take the place of the fund usually raised by the Red Cross Christmas seal sale, which will not be held this year as a result of Washington's request that financial campaigns be reduced to a minimum.

Influenza in State Institutions.

At a meeting of the State Board of Charities and Corrections, in Trenton, October 12, Commissioner Lewis reported existing conditions and methods to prevent the spread of the epidemic in the State institutions.

Dr. Madeline Hallowell reported one case of severe type in the Institution for Feeble-Minded at Vineland, which institution had been quarantined against visitors and the egress of employees had been restricted.

Forty-six cases were reported from the Epileptic State Village at Skillman by Dr. Weeks, three had died; the patients were isolated and the institution was quarantined; male patients were placed in one cottage and the females in the hospital.

At the State Colony for Feeble-Minded Males at New Lisbon, 41 inmates and 6 employees were reported ill. A quarantine was maintained. At the reformatory for women at Clinton, the few cases were responding to treatment and there were no new cases.

Thirty-three cases were reported at the Morris Plains Hospital. 21 of patients were inmates and 12 employees. The overcrowded condition

there made proper isolation impossible. At the Trenton Hospital there were twelve cases.

There were fifteen cases at the Glen Gardner Sanatorium, three were critical. Admission of patients had been discontinued and the wards were quarantined to visitors.

Strict quarantine had been maintained at the State Prison. Only two cases had occurred there. Twenty-three cases were reported as having occurred at the prison farm at Leesburg.

Thirty-three of the children under the care of the State Board of Children's Guardians at Jersey City were reported as ill with influenza. There was one case reported from the Boys' Home at Jamesburg, but none from the Girls' Home in Trenton. Two were severely ill at the Soldiers' Home in Kearny.

Head of One State Home Helping Another.

Dr. Madeleine A. Hallowell, supervisor and medical director of the State Home for Feeble-Minded Women at Vineland, is ill from influenza, complicated by double bronchial trouble, following a battle she fought against the epidemic among the inmates at the State Home for Boys at Jamesburg, to which she went as a volunteer.

In the Home for Feeble-Minded Women, Dr. Hallowell had given the inmates there a scientific prophylactic treatment and no cases of influenza had developed. Upon hearing of the outbreak at the boys' home she went to the aid of the stricken inmates, installed her treatment and prophylaxis and through the method twenty of some 100 boys were discharged from the hospital of the institution recently. Failing to obtain the necessary nurses for the home, Dr. Hallowell summoned two of her nursing staff from Vineland and proceeded to treat the ill inmates.

Influenza "Don'ts" by Gen. Gorgas.

Twelve safeguards against the spread of Spanish influenza were issued recently by the Surgeon-General of the army, as follows:

1. Avoid needless crowding; influenza is a crowd disease.
2. Smother your coughs and sneezes; others do not want the germs which you would throw away.
3. Your nose, not your mouth, was made to breathe through. Get the habit.
4. Remember the three Cs—a clean mouth, a clean skin and clean clothes.
5. Try to keep cool when you walk and warm when you ride and sleep.
6. Open the windows always at home at night; at the office when practicable.
7. Food will win the war if you give it a chance; help by choosing and chewing your food well.
8. Your fate may be in your own hands; Wash your hands before eating.
9. Don't let the waste products of digestion accumulate; drink a glass of two of water on getting up.
10. Don't use a napkin, towel, spoon, fork, glass or cup which has been used by another person and not washed.
11. Avoid tight clothes, tight shoes, tight gloves; seek to make nature your ally and not your prisoner.
12. When the air is pure breathe all of it you can; breathe freely.

INSANITY AND TEETH.

From the N. Y. Tribune, Oct. 28.

The humorists of the press will not fail to take due advantage of the announcement from the New Jersey State Hospital for the Insane that many cases of the milder insanities have shown great improvement from the proper treatment of bad teeth. Nor would we willingly stay the hand of any one who would propagate the idea that the connection here indicated is vital and close. The gain to the race and to our individual enjoyment of our fellows might be considerable.

But Dr. Cotton's work is of far larger significance. He endeavors to show that most mental disturbances have a physical or pathological base; the influence of bad teeth is only one. Infected tonsils and throats, intestinal disturbances and, in point of fact, almost any of the chronic infections may be the direct cause of a great number of psychic disorders. What is new in the work at the New Jersey hospital is that careful clinical and laboratory examinations are of great value in revealing the cause and indicating the treatment in a large number of cases, even some acute cases. The teeth and the tonsils have an especial importance because they seem especially prone to these chronic infections; and where such infection was evident it has been found that removal of the one or the other has had striking results. This appears to be equally true following treatment of the chronic gastro-intestinal disturbances. It is very well known, for example, that there are "carriers" of typhoid and other diseases who maintain a fair degree of health, though the infection may subsist for years. It is also well known that in the treatment of chronic rheumatism removal of the teeth or the tonsils often has excellent effect. If these mild focal infections, as they are known, can poison the whole body, even to the tips of the fingers, they can likewise poison the cells of the brain and set up equal disturbances there. And from these certain types of insanity may result.

In a recent thoughtful address, Dr. Frederick Peterson advanced the somewhat startling idea that one result of the war's experiences might be to usher in compulsory health. That would probably imply converting a considerable part of the medical profession into a state-paid health body, which would carry out periodic examinations of the whole community and notably of the children. Findings such as those of Dr. Cotton, greatly extending the range and influence of the milder and local ailments of the body, will tend greatly to promote the acceptance of Dr. Peterson's idea. Meanwhile our health boards and various volunteer public bodies are doing an admirable work in popularizing these discoveries and in teaching the larger public the high importance of personal hygiene. It is obvious that if from these obscure causes can come cases of acute insanity and that some of these may be cured simply by removing the cause, this must be equally true in many other of the baffling chronic ailments. It is interesting to know that the x-ray examination often reveals these infected "pockets" where superficial indications are present.

(See pages 384 and 391.)

Therapeutic Notes.

Adrenalin Action on Gastric Motility.

Dr. Pron, in *Presse Medicale*, reports good results in dyspeptics with gastric atony by prescribing eight to ten drops of one in one thousand adrenalin solution one hour before each of the two main meals, lunch and dinner. The results consists in a diminution or disappearance of postprandial discomfort or sensation of weight, a diminution of splashing sounds, and cessation of pain.

Burns—Formula Used in British Army.

Resorcin, 1 part.
Oil Eucalyptus, 2 parts.
Olive Oil, 5 parts.
Paraffin, soft, 25 parts.
Paraffin, hard, 67 parts.

The hard paraffin is first melted and mixed with the soft paraffin and the olive oil; when the mixture has cooled to about 130° F., add to it the resorcin (which has been previously dissolved in just sufficient absolute alcohol) and the oil of eucalyptus.

Treatment of Sweating and Ill-Smelling Feet.

The basis of the treatment is potassium permanganate. Buy two or three ounces of it, dissolve one-half teaspoonful in a basin of water. Dip the feet in the solution for 5 to 8 minutes, dry them and go to bed. In the morning, rub the feet with a powder, having the following composition:

Salicylic Acid, 3 grams.
Alum, 5 grams.
Starch, 10 grams.
Talcum, 82 grams.

Also sprinkle some of the powder into the stockings. New stockings or socks must be put on every morning and the bathing of the feet must be continued for 5 or 6 nights. This, as a rule, brings about a cure. I prefer potassium permanganate to any other drug for this purpose. Formaldehyde will cure this condition just as effectively and in some cases even more quickly than potassium permanganate, but it has the disadvantage of hardening and cracking the skin. In bad cases, where the skin between the toes is raw, as often happens, little pledgets of cotton saturated with spirit of camphor have to be put in between the toes. This heals the skin in 2-3 days. It is advisable to continue the use of the powder until the tendency to hyperidrosis and bromidrosis seems to be permanently cured. — Critic and Guide.

Influenza.—Dr. E. Lanz, in *Correspondenz-Blatt für Schweizer Aerzte*, Basel, comments on the frequency of pneumonia in the present epidemic of grip. The rusty sputum of pneumonia and a crisis are seldom observed, but reduction of the chlorids in the urine and their return to normal at once when the process is arrested are reliable bases for diagnosis and prognosis. No benefit was derived from acetylsalicylic acid, optochin or salvarsan, but a mixture of digitalis, sodium salicylate and antipyrin salicylate every two hours seemed to check the spread of the pneumonia process by the intense sweating induced and the toning up of the heart. He has had no further deaths since this treatment was instituted. No hand-

kerchiefs are allowed, toilet paper being used for the nose and sputum, other prophylactic measures include gargling and inhalation of turpentine fumes.

Influenza—Protective and Curative Remedy.

Dr. Beverley Robinson, in the *Medical Record*, says: The best combination as a protective and curative remedy against influenza is the following:

Ammonii salicylatis, grs. lxxii.
Caffeine, gr. vi.
Essence of pepsin, 3i.
Aquam ad., 3vi.

Sig.: A dessertspoonful every hour.

The perforated zinc inhaler is the best protective mask. A little oil of eucalyptus, pine-needle oil, or preferably creosote, alcohol, and spirit of chloroform, equal parts, poured on the sponge of the inhaler, and breathed quietly, will prevent contagion being carried from a sufferer to a well person, even through unprotected sneezing or coughing.

Large Doses of Salicin in Influenza.—Dr. E. B. Turner in the *British Medical Journal*, recommends, in the highest terms, the immediate administration of salicin in cases of influenza. One and a third grams (twenty grains), should be given hourly and the first three or four doses will remove all discomfort and pain, while complete recovery will take place within twenty-four hours. This treatment also promptly renders the patient noninfective and so checks the spread of the disease. These statements are based upon an experience of over 2,000 cases of influenza, treated in this way without a complication or a single death. The treatment has been used with equally satisfactory results in the present epidemic of Spanish influenza.

Influenza—Prophylactic Treatment of, for Prevention of Pneumonia.

Dr. C. M. Bellows, Brooklyn, N. Y., gives the following in a paper in the *N. Y. Medical Journal*, October 26th, based on treatment of at least 400 cases of influenza in the present epidemic, with fifteen cases of bronchial pneumonia and two of lobar without a death. He submits the treatment which has been used with most satisfactory results.

The internal treatment consists of the administration of the following:

Quinin, sulph., gr. xx.
Phenacetinae, gr. xl.
Sodii (or ammonii) salicylat., gr. xl.
Extract, belladon., pulv., gr. 1¼.
Extract, opii., pulv., gr. 1¼.
Camphor, pulv., gr. iii.
Extract. eupatorii (boneset), gr. xl.

To be made into twelve dry capsules.

Sig.: One every three hours.

In consequence of this internal treatment the temperature will be reduced, the skin will act, and there will be an immediate arrest in the functions of the mucous membrane of the nose and bronchial tubes.

The feeling of exhaustion and heart weakness, due more specifically to the intense infection, will be relieved by strychnine, in addition to the above mentioned capsules.

The cough will be relieved by the use of codeine.

The local treatment consists of the following:

- Iodine, gr. ii.
- Oil of cinnamon, min. v.
- Thymol, min. v.
- Oil of eucalyptol, min. vi.
- Camphor, gr. ii.
- Menthol, gr. ii.
- Petrolatum, liquid, 3i.

Apply thoroughly every two hours to nose and throat with swab or spray.

In addition to this, hot mustard and soda baths will help to promote the action of the skin.

Hypodermically, preceding or accompanying the pulmonary involvement, pneumonia phylacogen should always be used—five minims immediately, ten minims in six hours, ten minims in eight hours, and every day following as long as necessary—watching the resolution. Antistreptococcus and antipneumococcus serums have also been given. The serum is given within the first twenty-four hours of the sickness, and even prior to the pulmonary involvement, recognizing the importance of increasing the number of leucocytes as a protection to the system.

A New Treatment in Acute Rheumatism.—

Dr. Santiago L. Brian, in *La Semana Medica*, has had remarkable success with hypodermic injections, once daily, of a solution of seven grams of sodium chloride and ten grams of sodium sulphate in a litre of water. The quantity used at each injection is 150 c.c., and it is seldom necessary to give more than three or four doses to obtain marked improvement. No other treatment has given such rapid results, and there has been an entire absence of complications in the cases so treated.

Medical Treatment of Gastric and Duodenal Ulcer.—

Dr. Alexander G. Brown Jr., in *Charlotte Medical Journal*, considers the first step the search and removal of the primary focus. The mouth accessory sinuses, teeth, alveoli, salivary glands may be the primary focus. A careful study of the blood should be made: Wassermann, the search for malarial parasites, coagulation time, etc. A study of the feces should also be made and a careful urinalysis is of great importance. It is a good plan to begin treatment by fasting one or two days. This should, of course, be done in a hospital. Following the period of fasting, milk and eggs are administered; later, sugar, fats, and proteids are added. An alkali should be administered to reduce the hyperacidity. Sodium bicarbonate should always be administered with another alkali, as when administered alone it may increase the sodium chloride from which the hydrochloric acid is increased, rather than diminished. Bismuth subnitrate is of great value. Two drams of bismuth in eight ounces of distilled water—of which a tablespoonful is given three times daily—is of value. Nitrate of silver, with extract of hyoscyamus and extract of belladonna should be given before meals to stimulate healing and allay spasm. If pylorospasm is present, hypodermic of atropine sulphate, grain 1/120 to 1/60, is administered once or twice in twenty-four hours. The Einhorn method of duodenal feeding should be used whenever possible.

Common Colds.—Dr. L. D. Bulkley in the *Medical Record*, gives his personal experience in the use of sodium bicarbonate in arresting "common colds." He says: "For a day or two I felt the cold coming on, and yesterday it was about at its height, with repeated sneezings, some coughing, and the use of many handkerchiefs. Last evening it was almost unbearable as I sat writing, when I bethought myself of soda, which I had given to scores of patients for many years. At 10.30 I took about half a teaspoonful in one-third of a tumbler of water, and repeated it each half hour to 12 o'clock—four doses. It had not then given much relief, and I went to bed with a handkerchief, though hardly expecting great trouble. I dropped to sleep almost at once, and slept perfectly till called at 7.30, and awoke minus the cold. By about 10 I felt a slight return and began the soda, taking three or four doses, which cleared all up, and the handkerchief has been a superfluity to-day. My usual directions are to take four doses at half-hour intervals and a fifth one hour after the last. Then to wait about the same length of time and repeat the dosage if it seems necessary, and even a third series of doses if the cold is not checked, which is very rarely the case. Often the first series of doses is quite sufficient."

Some Facts About Yeast.—The following is an abstract of some articles that have recently appeared concerning the therapeutic value of compressed yeast (Fleischmann's). It is the first time compressed yeast was used in such experiments. The article should stimulate the study and trial of this form of yeast in the treatment of the conditions mentioned as having been favorably influenced by it:

The subject of yeast is of importance because, first, as has been pointed out in an editorial article in *The Journal of the American Medical Association* it possesses a distinct nutritive value, and because, secondly, it possesses therapeutic qualities. The matter of yeast treatment has recently received impetus as the result of the publication in *The Journal of the American Medical Association* of an article by Dr. Philip B. Hawk and collaborators, which represents work done in the Laboratory of Physiological Chemistry of the Jefferson Medical College, and the Philadelphia General Hospital, both of Philadelphia, and the Roosevelt Hospital, New York.

Hawk and his colleagues obtained strikingly good results from the use of yeast in many pathologic conditions, especially the purulent skin conditions such as acne and furunculosis and in constipation. That they did so is not at all surprising, for yeast has always acted well in these skin conditions, as is well known. Hawk mentions that yeast has been used in medicine since the days of Hippocrates (who used it in the treatment of leucorrhea); not, however, until the middle of the nineteenth century, was it used looked on favorably by the medical profession. Since then, its value has been attested by numerous observers, who have employed it in a variety of pathologic conditions. Its value in certain skin conditions has been freely acknowledged by dermatologists—for instance, Schamberg has seen good results from its use in the treatment of ordinary furunculosis, although it failed him in the

furunculosis accompanying small-pox. Hawk's researches are novel in that he employed as a therapeutic agent not the time-honored brewers' yeast, but the familiar Fleischmann's yeast of the bakeries and the household. This is the first time, it seems, that bakers' yeast has been employed systematically as a therapeutic agent, although Louvel (Rennes med., 1905-6) seems to have used it in the treatment of sundry infectious diseases, and according to Cailliau (These de Paris, 1908), it was used in 1896 by De Backer, who mixed it with equal parts by weight of white honey, and who, having used it thus in the treatment of furunculosis, considered that it was more active and better supported than ordinary yeast.

Hospitals, Sanatoria, etc.

The Public Library building in Florence, N. J., is being used as an emergency hospital.

The West Jersey Homeopathic Hospital announces that the indebtedness of the institution has been reduced by the payment of \$36,000.

A Red Cross Emergency Hospital has been equipped by the City of Newark in co-operation with the Red Cross, at the corner of Broad street and Central avenue, for the uncomplicated cases of influenza. It is equipped with ambulances and responds to calls for hospital accommodation. A clinic is also held daily from 1 to 3 P. M. at the City Dispensary, where any one may be inoculated with the influenza vaccine.

Christ Hospital, Jersey City.

Announcement has been made that Christ Hospital will make a public appeal for a fund of \$200,000, which it is planned to raise by popular subscription in a two-week campaign that will begin November 29, and it is stated that the fund is necessary if the hospital is to be enabled to continue its present work, which is steadily increasing under war conditions. A double burden has been thrown upon the hospital, it adds, because of the taking over for government use of St. Mary's Hospital, Hoboken. Hoboken's free patients are now cared for in Christ Hospital.

As chairman of the executive committee charged with the raising of a \$200,000 fund for "pressing needs" of Christ Hospital, Edward I. Edwards, president of the First National Bank of Jersey City and former State controller, in an appeal issued recently, declares it to be the aim of the hospital to afford medical aid to every man, woman and child in this and nearby centers of population. Mr. Edwards points to the recent disaster at the Gillespie plant at Morgan and the prevailing epidemic of influenza as "vivid reminders close at hand" of the duty of the citizenry in the premises.

Cooper Hospital, Camden.

The Board of Managers of the Cooper Hospital, recognizing the needs brought about by the influenza epidemic, closed temporarily the outpatient department on the first floor of their new building and immediately fitted it up for

the care of pneumonia patients. At the beginning of the war the hospital ordered a complete equipment for fifty beds, which has been held in reserve, and this emergency has shown the wisdom of their action. Very soon thirty out of the forty beds equipped were occupied by patients. This emergency ward was placed under the special care of Dr. A. Haines Lippincott, other members of the staff assisting.

Chicago Museum Becomes Hospital.—The Field Museum of Natural History in Grant Park, Chicago, which is nearing completion, has cost \$7,000,000, has been turned over to the Government for use as a hospital. The interior will be rearranged so that 4,300 patients can be accommodated and a number of smaller buildings will be erected around the main structure for the accommodation of 1,000 nurses. The museum building covers six acres and has more than twenty-five acres floor space.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports that on September 1st there were 176 patients present in the sanatorium, 96 males and 80 females. During the month 31 patients have been admitted, 21 males and 10 females. Among these are eight re-admission. These admissions are classified as follows:

Pre-tubercular (preventorium), 10; incipient, 1; moderately advanced, 3; far advanced, 17; bone tuberculosis, 1. The largest number of patients present at any time during the month was 183—smallest number 172. Patients present September 30, 162.

Marriage.

SMITH-LADD.—In Washington, D. C., October 10, 1918, Dr. Malcolm K. Smith, Lieut. M. R. C., of Morristown, to Mrs. Alice G. Ladd of Washington D. C.

Deaths.

ADAMS.—At Camp Lee, Va., October 13, 1918, Dr. Thomas R. Adams of Califon, N. J., from pneumonia, aged 29 years. He was born at Laurel Grove, Del.; graduated in medicine in Philadelphia; settled in Califon in July, 1916, where he continued to practice until October 1, when he entered the M. R. C. He was a member of the Hunterdon County and State Medical Societies of the American Medical Association.

BALSON.—At Passaic, N. J., October 12, 1918, Dr. Joseph C. Balson, from influenza, aged 29 years.

Dr. Balson graduated from the N. Y. University Medical College in 1912 and settled in Passaic, where he continued to practice. He was a member of the Passaic County and State Medical societies and the American Medical Association.

COOK.—At Laurel Springs, N. J., October 8, 1918, Dr. Frank O. Cook, aged 45 years. He graduated from the Baltimore Medical College in 1904.

DEDAKER.—At Gloucester City, N. J., October 11, 1918, Dr. Frank Dedaker, from influenza and pneumonia.

DOUGLAS.—At Newark, N. J., October 16, 1918, Dr. William J. Douglas, superintendent of both the Essex County Tuberculosis Hospital at Soho and the Essex Mountain Hospital at Verona since August, 1917. He died from pneumonia.

FRANKLIN.—At Hightstown, N. J., October 9, 1918, Dr. Charles Montayne Franklin, aged 38 years. Dr. Franklin graduated from the University of Pennsylvania School of Medicine in 1906 and settled in Hightstown, where he soon built up a large practice. He was universally esteemed as a man and a physician. He was a member of the Mercer County and the State Medical societies and a Fellow of the American Association.

GROSS.—At Metuchen, N. J., October 6, 1918, Dr. Herman Gross, from influenza and pneumonia, aged 39 years. Dr. Gross graduated from the College of Physicians and Surgeons, New York City, in 1903, and soon after settled in practice in Metuchen, where he built up an extensive practice in that and the adjoining towns. He was a members of the Middlesex County and State Medical Societies and a Fellow of the American Medical Association.

HOBBS.—At Meuil la Tour, France, September 26, 1918, Lieut. Austin Latting Hobbs, M. C. U. S. Army, of East Orange, N. J., from pneumonia, aged 34 years.

LAMBERT.—At Riverside, N. J., October 9, 1918, Dr. Clarence B. Lambert, from pneumonia. He graduated from the Hahnemann Medical College, Philadelphia, in 1904.

THOMPSON.—At Lakewood, N. J., October 12, 1918, Dr. Otto C. Thompson, aged 39 years.

Dr. Thompson graduated from the College of Physicians and Surgeons, Baltimore, Md., in 1906. He was a member of the Ocean County and State Medical Societies and the American Medical Association. He was also surrogate of Ocean County.

TOPPING.—At Newark, N. J., October 12, 1918, Dr. Robert Samuel Topping, aged 34 years.

Dr. Topping graduated from the University and Belleville Hospital Medical College in 1915. He was a member of the Essex County and State Medical Societies and the American Medical Association.

DOCTORS' WIVES.

BROWN.—At Montclair, N. J., October 12, 1918, Mrs. Nellie A. Brown, wife of Dr. Willett Wells Brown of Montclair.

COULTAS.—In All Souls' Hospital, Morristown, October 21, 1918, Mrs. Coultas, wife of Dr. Aldo B. Coultas of Madison.

SHARP.—At Port Norris, N. J., October 7, 1918, Mrs. Mary E. P. Sharp, wife of Dr. Charles E. Sharp, of Port Norris.

O'CONNOR.—In Princeton, N. J., October 19, 1918, Dr. Joseph T. O'Connor, a retired physician, aged 78 years.

Personal Notes.

Dr. Eustace C. Butler, Caldwell, was confined to his home some days last month by an influenza attack.

Dr. Aldo B. Coultas, Madison, was ill last month with influenza.

Dr. Frank W. Curtis, Stewartsville, has recovered from a week's illness from influenza.

Drs. J. Irving Fort, and W. D. Minningham, Newark; T. A. Dingman, Paterson; Brown Morgan, Bloomfield, have been commissioned as captains in the M. R. C. Drs. G. Ward Disbrow and H. A. Scheppach, Newark, have been commissioned as lieutenants.

Dr. H. L. Harley, Pleasantville, Lieutenant M. R. C., arrived in France last month.

Dr. Frederick C. Horsford, Newark, recently commissioned as captain in the M. R. C., was ordered to report at Washington, D. C.

Dr. George L. Johnson, Morristown, has resumed practice after a two weeks' severe illness.

Dr. William S. Jones, Camden, was recently appointed superintendent of the Home for disabled soldiers at Vineland.

Dr. James H. McCroskery, East Orange, and wife recently returned home after a month's stay at Fairfield, Conn.

Dr. J. L. Mahaffey, Camden, had wife and children ill with influenza last month, his wife with pneumonia complication.

Drs. Clarence R. O'Crowley and Clinton L. Decker, Newark, received commissions last month as Captains in the M. R. C. of the army.

Dr. Joseph H. Oram, Paterson, has been appointed a Captain in the M. R. C. and reported at base hospital, Camp Lee, Va.

Dr. Howard F. Palm, Camden, returned from his vacation last month to attend influenza patients.

Dr. William E. Ramsay, Perth Amboy, a former State Senator, found three hoboes in the City Hospital there, following the influx of wounded from the Gillespie plant. They confessed they were plain tired and all they sought was a rest. They failed in their quest.

Dr. John J. Rufe, High Bridge, was confined to his home a few days last month by illness.

Dr. William H. Shipps, Bordentown, has received word that his son, Captain Harry L. Shipps was severely wounded in action September 17th.

Dr. E. Moore Fisher of the Morris Plains State Hospital, a captain in the M. R. C., is at Camp Lee, Va.

Dr. Henry D. McCormick, Kenvil, has reported at Camp Humphreys, as M. R. C. captain.

Dr. Eugene W. Murray, Newark, has recovered from a three weeks' illness from grip and pneumonia.

Dr. Charles H. Schlichter, Elizabeth, has been promoted from captain to lieutenant-colonel, M. R. C.

Dr. Milton A. Shangle, Elizabeth, has been commissioned a captain in the M. R. C.

Dr. Fred P. Wainwright, Bridgeton, as a result of overwork at the Emergency Hospital, was taken ill with rheumatism and confined to his house.

Drs. Ray Simpkins, Bridgeton, and Samuel

D. Bennett, Millville, were layed aside a few days by the influenza last month.

Dr. W. Homer Axford and John Cook, Bayonne, have been commissioned as captains in the M. R. C.

Dr. Frederick J. Hughes, Plainfield, who is connected with the Rockefeller Foundation for the Relief of Tuberculosis in France, has written to his wife, telling that he is stationed at Drieux in charge of a hospital with assistant doctors and nurses, and also of two dispensaries, one at Drieux and one at Anet.

Dr. Grant E. Kirk, Camden, has been nominated by the Republicans for City Council, Eighth Ward.

Dr. Charles E. Saulsberry, New Brunswick, was laid aside by severe illness two weeks last month.

Dr. John L. Suydam, Jamesburg, had a narrow escape last month from death by his auto going down a steep embankment.

Dr. William P. Thorne, Butler, has been confined to his home, as have also his wife and daughter, with influenza.

Dr. John A. Derivaux, Newark, has been commissioned lieutenant in the M. R. C.

Dr. Guy Payne, Cedar Grove, has recovered from influenza and pneumonia. He will leave Overbrook Hospital and receive a commission as captain in the M. R. C.

Dr. Frank G. Clark, Whitehouse Station, has recently been commissioned as lieutenant in the M. R. C., but residents of the community where he has practiced twelve years are petitioning for his exemption from service because of the community's need.

Dr. Bert E. Praeger, Chatham, who accepted a commission in the M. R. C., has been urged to remain in the home field and a largely signed petition from citizens to the surgeon-general of the army has been sent to Washington, asking that he be allowed to continue practice at home for the present because of urgent local need.

Drs. Day, Mallen, Sheldon and Allen are thus spoken of in the *Camden Courier*: "A feature of the epidemic of influenza and pneumonia that has stricken Collingwood is the noble self-sacrifice of Drs. Madden and Sheldon, who have worked unceasingly twenty-one and twenty-two hours a day, risking their own lives by lowered vitality, making themselves an easy prey to the disease. Dr. Lida Fallen also fell ill while at her post of duty. Dr. Day deserves equal credit, for he kept at his post twenty-four hours after pneumonia had developed, giving up only when to continue further meant certain disaster. No monetary consideration is sufficient to pay for such devotion to duty and the thanks of the community is theirs in this crisis."

Like fidelity has been manifested by the profession generally. Prosecutor Wolverton of Camden, who had been investigating false reports of exorbitant charges, said: "In all instances it was found that the physicians of Camden are not only working assiduously in eradicating the disease, but are very often getting but little monetary returns for their efforts. All are true to their ideals and the ethics of the profession. In fact, it is declared the physicians are showing exceptional honor and are not in the least taking advantage of the situation."

Public Health Items.

Births Exceeded Deaths in 1916.

The birth rate in 1916 in the recently established birth-registration area of the United States, containing about one-third of the population of the country, was 24.8 per 1,000 of population and the death rate in the same area 14.7 per 1,000 persons, or an excess of the births over the deaths of more than sixty-eight per cent. The births numbered 818,983 and the deaths 486,682.

The registration area comprized the six New England States, New York, Pennsylvania, Maryland, Michigan, Minnesota and the District of Columbia. The population in this area is 33,000,000. The figures soon to be issued show the births exceeded the deaths, usually by a substantial proportion, in every State and in practically every city and county. The mortality rate for infants under one year averaged 101 per 1,000 living births.

Influenza Mortality High in Philadelphia.—

While the number of new cases of influenza has somewhat decreased, the death rate for the week ending at noon, October 19, was much higher than the previous week. The number of new cases for the week was 14,566 as compared with 20,854 for the week preceding. The death rate, however, was 4,596 as compared with 2,635. The death rate for the week from all causes reached 5,270, representing a mortality rate of 156.01 per thousand, as compared with 95.74 the week ending October 12, when Philadelphia showed the highest death rate that had ever been recorded. The total number of deaths for the three weeks during the height of the epidemic reached 10,301, of these influenza and pneumonia cases 8,578. A number of emergency hospitals were opened. The entire main building of the Woman's Hospital at Twenty-second street and North College avenue, both surgical and medical, were turned over to caring for emergency influenza cases and all the available space was occupied by patients. Thirty nurses were stricken with the epidemic and two died, but the work of caring for the suffering was not hampered as a number of women volunteered as nurses.

Use of Vaccines in Influenza.

The United States Public Health Service is continuing observations regarding the use of vaccines in combating or treating influenza. So far, it is pointed out in a statement issued by Surgeon General Blue of the service, the use of the vaccines has not yet passed the experimental stages. The reports so far received, the statement says, do not permit any conclusion whatever regarding the efficacy of these vaccines or their merits. The Public Health Service is watching the experiments carefully, but is not urging any form of vaccine treatment at the present time. Lieutenant Colonel H. R. Beery, camp surgeon at Camp Dix, stated that about 11,000 volunteers had been inoculated with the pneumonia serum. So far, he said, none of the men so inoculated has developed pneumonia. Owing to the short length of time elapsing since the inoculations were given full data are not yet available, it is stated.

Warus Against Perils in Wake of Influenza.

Although the epidemic of influenza is rapidly abating in New Jersey, Dr. J. C. Price of the State Department of Health pointed out today that there is danger of the influenza being followed by outbreaks of other diseases. The epidemic has left a large number of persons with lowered vitality, and hence especially susceptible to contagious and infectious diseases. To prevent future outbreaks of this and other diseases, the United States Public Health Service, in co-operation with the State Board of Health, is offering its assistance to those stricken communities to put their health service on an efficient basis. In all instances this will be done at the request of and in co-operation with the health authorities of the communities.

Infant Mortality from Congenital Diseases.

—Statistics compiled by the Department of Health of the City of New York show that from the year 1913 to 1917, inclusive, the infant death rate in the greater city from congenital diseases was from thirty-three per cent. to forty per cent. of the entire infant death rate; that the infant death rate in all of the boroughs, with the exception of Manhattan, during the past five years, has remained practically stationary, or has shown only a slight reduction; that of all the boroughs, Manhattan shows the greatest reduction, from 45.81 to 36.49; that the congenital disease death rate in the city as a whole has been only slightly reduced, and that this city reduction is largely the result of the decrease in the borough of Manhattan. The total infant mortality rate in the greater city in 1913 was 102, and in 1917, eighty-nine. The death rate for diarrheal diseases in the greater city in 1913 was 22.5, and in 1917, 19.1. The death rate from respiratory diseases in 1913 was 23.5, and in 1917, 19.36. Going back a little further, during the ten-year period 1907 to 1917, the infant mortality rate from diarrheal diseases in 1907 was 44.4, and in 1917, 19.1; from respiratory diseases, 30.5 in 1907 and 19.36 in 1917; and from congenital diseases, 46.3 in 1907 and 36.49 in 1917. It is apparent from these figures that the reduction of the infant mortality rate during recent years has been due very largely to the successful control of diarrheal and respiratory diseases, and that the control of congenital diseases has not kept pace with the reduction in total infant mortality.

Infant Mortality in Midwifery Practice.

If the midwife is the cause of much infant mortality, Newark should have a high infant mortality rate, for midwives attend 50 per cent. of all our births and from 55 to 88 per cent. of foreign born mothers. In 1916 the infant mortality rate in Newark was 89.6; New York, 93.1; St. Louis, 84; Philadelphia, 101; Boston, 104; Cleveland, 106.9; Pittsburgh, 109.2; Detroit, 112.8; Buffalo, 113.9, and Baltimore, 118.1. Infant mortality rate by attendant at birth: Midwives, 70.7 per 1,000 births; physicians, 74.3 per 1,000 births; hospitals, 97.4 per 1,000 births.

Deaths under one month per 1,000 births by attendant at birth: Midwives, 25.1; physicians, 38.2; hospitals, 57.3.

The lower mortality rates reported for mothers and infants attended by midwives is to be partly explained by the fact that the proportion of first births, among whom there is a greater risk, is much higher among the group of mothers attended by doctors and in hospitals, and also by the fact that mothers who have had difficulty in their first births are likely to engage doctors or go to hospitals for their later births.—Dr. Levy, in Newark Health Bulletin.

Newark's Mayor Asks the Governor to Demand Dr. Price's Resignation.

Mayor Gillen's letter follows:

"I have been informed that the State Department of Health did not hold any meeting to decide on issuing the order calling upon municipal departments of health throughout the State to close certain buildings in which the public gathered and to prevent outdoor gatherings, but that Dr. Price issued the order on his own initiative.

"The order, however, was presented to the public as an order coming from the State Department of Health. It seems to me that the terribly drastic step taken by Dr. Price should have been taken only after mature deliberation and discussion by all members of the State Board of Health and not by any one man.

"I respectfully ask your excellency to thoroughly investigate this matter. If you find that Dr. Price issued the order without proper authority of the State Board of Health conferred on him at a regular meeting of that body, I ask that you demand the resignation of Dr. Price."

Safeguarding the Public Health.

Giving credit to the Public Service Railway Company for doing a really good thing, the Paterson Press-Guardian says that "as a promoter of the noble art of walking it has rendered a valuable public service."

The Paterson newspaper may not be aware of the fact that the general counsel of the Public Service was many years ago the original advocate of higher fares, not to bring benefits to the trolley people, but in the interest of the public health. "If I had my way about it," said Mr. Frank Bergen at that time, "I would make a charge of ten cents for every ride, and then a lot of people who now get on a trolley car to travel a dozen blocks or less would find themselves in better physical condition."

When Mr. Bergen put forth that statement, it was founded on theory. Now the Public Service knows for sure how it works out in practice.—Newark News.

Child Hygiene Extension Plans.

Under the supervision of Dr. Julius Levy of Newark, in charge of child hygiene work for the State, plans are being matured rapidly to make effective the extension work contemplated in Burlington, Mercer, Middlesex, Camden, Salem and Warren counties. These counties were selected for immediate work because of their high mortality rate. Dr. Levy has visited the proposed centers in Trenton, Burlington and Mt. Holly.

Medico-Legal Items.

Accident Insurance—Cerebral Hemorrhage.

—Under an accident insurance policy exempting the insurer from liability for disability caused by cerebral hemorrhage, where the insured accidentally fell, striking his head and rupturing a blood vessel in his brain, causing cerebral hemorrhage, which caused partial paralysis and a total disability for eight weeks, it is held that he could not recover from the insurance company on the ground that paralysis resulting from external bodily injury was the proximate cause of disability.—*Order v. Dobbs*, Texas Court of Civil Appeals, 204 S. W. 468.

X-ray Photographs in Evidence—Authentication.

—In an action for personal injury, the admission of x-ray photographs in evidence, without proof that they were correct portrayals of the injury, is error.—*Kansas City M. & O. R. Co. v. Swift*, Texas Court of Civil Appeals, 204 S. W. 135.

Care by Hospital of Delirious Patient.

—In an action for damages for the negligence of a hospital in allowing a delirious patient to wander and hurt himself, it was held proper to allow practising physicians who qualified as experts to testify as to the character of attention a patient should receive at a hospital. As to whether such a patient, supposed to be dying, was delirious when he wandered and fell to the ground, or whether he did fall, and whether the hospital was negligent in not keeping closer watch over him, and whether such fall was the cause of his death, were held to be questions for the jury.—*Durfee v. Dorr*, Arkansas Supreme Court, 199 S. W. 376.

Book Reviews.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

"Autointoxication, or Intestinal Toxemia," by

Dr. J. H. Kellogg, Superintendent of the Battle Creek Sanitarium, presents a new method of changing the intestinal flora.

In a real sense, the method is not new for it has been in use at the Battle Creek Sanitarium for many years, although it is only within the last few years that the method has been thoroughly perfected and systematized.

How to change the intestinal flora, that is, to get rid of the "wild" or pathogenic bacteria which are produced in the colon to the extent of countless billions daily, and which flood the body with their virulent toxins and ptomaines, producing the manifold evils characteristic of autointoxication, has been one of the great problems before the medical world ever since Bouchard developed the theory of autointoxication and Metchnikoff discovered the relation of the colon bacteria to old age and to arteriosclerosis and other tissue degenerations.

Dr. Kellogg claims that he has solved this problem, and his book presents the technical details of a method which has been successfully employed in many hundreds of cases.

One of the virtues of Dr. Kellogg's method is the fact that it is not based upon any new theory. It is not claimed to be the result of any new discovery. The method brings together in a new way and organizes into a systematic procedure the large mass of practical facts which have come to light within the last few years, particularly through the X-ray study of the colon, the function of which has until recently been little understood. The work of Cannon, Hirsch, Pfahler, Cole, Case and numerous other roentgenologists, and especially the work of Case, has thrown a flood of light upon what was the most obscure corner of human physiology, and has shown clearly the difficulties to be overcome for the relief of the stasis which is the fundamental and the chief cause of intestinal toxemia.

The importance of a really successful method of combating intestinal toxemia is clearly shown by the enormous interest manifested in Metchnikoff's theories by the profession and by the public. Metchnikoff, unfortunately, overlooked the important relation of stasis to toxemia and founded his method upon the feeding of protective bacteria, so-called "Buttermilk germs," especially the *Bacillus Bulgaricus*. This method is not without merit, but so rarely meets expectations that it has on the whole, been a great disappointment to the profession as well as thousands of patients.

The important feature of the Metchnikoff idea is the fact that the flora of the intestine needs changing. His method of effecting the change proved to be inadequate because of its failure to combat stasis. The new method, details of which are described in Dr. Kellogg's work, supplies the deficiency and the author's claims proves its efficiency by quickly clearing the tongue, eliminating the putrefactive odor of the stools, and causing the rapid disappearance of headache, depression, insomnia, and other familiar results of intestinal autointoxication.

The methods upon which the author chiefly relies for changing the intestinal flora are the "milk regimen," a modification of the well known milk diet, and a special "fruit regimen" which are employed both separately and in combination.

The interest which has been shown in these methods by physicians who have seen the results attained, and many requests for a detailed description of the method is one of the reasons for this work.

REPRINTS RECEIVED.

Two Suggestions of Apparatus for the Teaching Laboratory, by Ardrey W. Downs, M.D., and George Hays, M. D.

Secretin—Its Mode of Action in Producing an Increase in the Number of Corpuscles in the Circulating Blood, by Ardrey W. Downs and Nathan B. Eddy.

Secretin—Its Influence on the Number of White Corpuscles in the Circulating Blood, by Ardrey W. Downs and Nathan B. Eddy.

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MENINGITIS.

BY HYMAN I. GOLDSTEIN, M. D.,
Camden, N. J.

I wish to report two rather interesting cases, one occurring in an adult and the other in an infant, to briefly discuss the symptoms and more important diagnostic and therapeutic features of meningitis in general.

The adult patient, Mike B., an Italian, male, aged 33 years. Married nine years. Had one child, which died two hours after birth. Was always pretty well. Denies venereal disease. Was in Brazil eight years ago, where he had an operation for hernia(?) Has been sick one week; had chill, severe racking headache and excruciating pain in the back, marked constipation, and vomiting. The headache was frontal principally, but also on "top of head," and later occipital; some fever, temperature 102°, pulse 84. He had no convulsion, ocular palsies, or nose, ear or throat symptoms.

We have, then, the *usual symptoms* of the onset of meningitis. The slow pulse, becoming irregularly slow, is probably explained by the difference in the degree of intracranial pressure. There was no herpes, facialis or labialis, and no petechiæ or purpuric spots. There was some hyperesthesia of the skin, especially over the abdomen. The absence of slow pulse and herpes does not eliminate the diagnosis of meningitis. Their presence helps towards a positive diagnosis. He later began to gnash and grit his teeth almost constantly, especially in his sleep. The neck became moderately retracted and quite rigid. No myoidemas. His blood pressure when first seen was 145 systolic and 90 diastolic. There was no Kernig, Babinski or Brudzinski signs; pu-

pils were equal. The next day his pulse was only 74, and slight fever still continued. There was no dermatographia, and no eruption at any time. He had difficulty in urinating and finally had to be catheterized repeatedly. *Widal* reaction was negative. *Culture of sputum* showed many streptococci and few staphylococci. Malarial parasite not present in blood. *Blood culture* was negative. *Blood Wassermann* on two occasions was negative. *Spinal fluid Wassermann* was negative. No typhoid bacilli and no pyogenic bacteria in the blood. Animal inoculation with spinal fluid, sputum or blood serum were not done, as the later progress of the case left no room for doubt as to the diagnosis of tuberculous meningitis.

There was harsh breathing over the left apex, no rales; some signs of impairment; no cardiac murmurs; urine, negative. Later on, a sputum specimen examined at the University Hospital showed tubercle bacilli present.

Blood—4,570,000 R. B. C., 5,800 W. B. C., Hb. 88%; W. B. C.—66 neutrophiles, 26 lymph, 5 large mono., 1 trans., 1 eosino., 1 baso.

Lumbar puncture—fluid under 20 mm. pressure about 15 or 20 c.c. removed. Slightly yellowish. Not clear. With Wright's stain showed great excess of lymphocytes. No Xanthochromia. The *Widal*, spinal and blood *Wassermann* were again done at the University Hospital and also proved negative. Spinal fluid—examined for microorganisms, but report was negative (not repeated). Cells were not very numerous but there were about 20 per field. Leucocytes 175 to c. mm.; lymphocytes, 85%; polymorphonuclears, 4%; endothelial, 11%.

The urine now showed some albumin, and a few granular casts. At the suggestion of Dr. Alfred Stengel, urotropin grains X in 20 c.c. saline solution, were given intra-

spinally daily, after removal of a similar amount of spinal fluid. No episthotonos. Pain in the back of neck and down the spine and hyperesthesia increased. Kernig's and Brudzinski's "frog sign" and identical reflex ("controlateral" reflex) were present. Babinski reflex absent. Before death the man suffered excruciating pain, and was markedly emaciated.

The second case I wish to report was seen by me on April 12, 1918, for the first time. A small, poorly-developed infant twelve days old. (Vanda Z.) The infant had been fretful, crying, restless, and did not take the breast for two or three days. Was delivered by midwife. Had "twitchings" and convulsions a day or two before seen by me. Neck was rigid. Child cried on being touched or turned over, or if an attempt was made to pick it up or raise its head. The next day, all the typical textbook signs and symptoms of meningitis were present. At the Cooper Hospital, lumbar puncture was tried. No spinal cultures were made. Culture from the sore, fetid and inflamed umbilicus, showed staphylococcic and diphtheroid bacilli (colon bacillus?). No tetanus organisms, no streptococci and no meningococci could be found. The discharge about the umbilicus was yellowish and foul. This was a case of meningitis beginning about 7 or 8 days after the child was born, of umbilical origin, the infection originating through the contaminated water, probably used in bathing the infant. Child died 14½ days after birth. Father's Wassermann (blood) was negative. Mother had worked in cigar factory until 6 weeks before birth of child. Primipara.

I report this case because meningitis is exceedingly rare in young infants. Moses Barron in a careful review of the literature (Amer. Jour. Med. Science, September, 1918), only found 39 cases reported in infants under 3 months old. Of these 39 cases, only 19 were in new-born. The umbilicus is the most important route for such infection according to La Feta. Rasch, Koplik and Aschoff believe that the avenues of infection of the middle ear, that of the Eustachian tube and of the external auditory canal are most important. Barron concludes that meningitis: (1) In the new-born and in early infancy is a rare disease; (2) that the bacillus coli occupies, in the early months of infant life, the important place that the bacillus tuberculosis holds in the meningitis of later infancy.

Seven of the 19 cases in new-born were due to the bacillus coli and 6 cases were caused by the staphylococcus and streptococcus. 75% of all cases of tuberculous meningitis in children occur before the fifth year. The largest number occur during the second year. (Smith, Illinois Med. Jour., 1913, No. 3, XXIII., 299), Holt (Amer. Jour. Dis. of Child., 1911, 1, 26)—in a review of 300 cases of meningitis in children up to 3 years old—found B. tuberculosis was responsible for 70% of this series, but only 1% was in infants under 3 months old. If epidemic meningitis be excluded, from 55 to 70% of all cases of meningitis in infants and young children are tuberculous in origin. Besides the auditory canal, eustachian tube, and umbilicus, the mouth (by means of fingers or instruments of accoucheur), spina bifida, and the intestinal tract may be portals of entry of infection in meningitis of new-born. Some infections occur in the bath-tub through water that has become contaminated. Breast-fed babies have greater resistance than artificially-fed ones, probably due to the compensation of the passive immunization by the breast milk for the active immunization which is still deficient.

Dr. Walter L. Niles of Bellevue Hospital, New York, recommends that sterile horse serum or even anti-meningococcic serum be given intraspinally, as this may set up a cellular reaction, and may do some good in these hopeless tuberculous cases.

Serum disease is an anaphylactic phenomenon, evidencing the sensitization of patient's cells to horse serum. Eosinophilia is often found and there may be a delay in the coagulation time of the blood. It develops 8 to 10 days after the first injection and is manifested by joint pains, urticaria, etc. Joint pains are a common symptom. It is important not to mistake it for an exacerbation of the infection itself and so give more serum. If this mistake is made the meningitis symptoms will increase temporarily or if several days have elapsed since the last injection there is danger of anaphylactic shock.

Meningococcic Meningitis—Meningococcic infection is irregular in every symptom and treacherous relapses may occur or a subacute serous, or chronic meningitis may develop. These latter are rare if the serum is administered early in the case.

Cerebrospinal Meningitis is an infectious disease of the pia mater and arachnoid membrain of the brain and spinal cord.

Etiology—The commoner causes are diplococcus intracellularis, bacillus tuberculosis, pneumococcus, streptococcus, pyogenes, staphylococcus pyogenes, and bacillus influenzae. Epidemic cerebrospinal fever or spotted fever is due to the diplococcus intracellularis meningitidis (Weichselbaum).

Symptomatology—The incubation period is unknown, but is brief. There is a prodromal period consisting of rachialgia, joint pains, lassitude, headache and vomiting, backache and constipation. The actual attack usually begins abruptly with a chill, raging headache and vomiting. Convulsions are common in children. Backache and pain in servical spine are prominent symptoms. Dysphagia, moderate elevation of temperature, photophobia and strabismus, herpes and petechial eruptions may be present. Convulsions are rare in adults. Ptosis is common. Anesthesia of the cornea and conjunctiva occurs in 50% of the cases according to Burville-Holmes (Jour. A. M. A., 1908, L. 280), giving rise to conjunctivitis. Purpuric spots may appear. Sighing respirations and Cheyne-Stokes breathing. Delirium appears in some cases quite early, in others not at all. Motor irritation symptoms are quite common, such as twitching of single or group muscles, muscular contractions. Tonic spasms of muscles of the extremities may set in and myoidemas may be elicited. Leucocytosis (polymorphonuclear) usually present.

The Kernig's sign is explained by the irritation of the meninges of the lower portion of the spinal cord and of the nerve-roots that constitute the cauda equina, together with intraventricular pressure. It is sometimes also seen in tetanus and typhoid fever. Brudzinski or "frog sign" is, when you flex the chin upon the chest with one hand, while you steady the patients with the other, the arms are drawn up and the thighs and legs are flexed. (The patient lies flat on the back). The "identical" or "contralateral" reflex is the eliciting of Kernig's sign in one lower extremity causes a reflex flexion of the thigh on the opposite side of the body. The absence of eruptions are not against C. S. meningitis—according to J. L. Morse, eruptions are far more often absent than present in this disease in childhood. The taches cerebrales are of no importance in the diagnosis of meningitis as they are present in other conditions in childhood. In some cases, however, this is quite marked.

Diagnosis—Tuberculosis meningitis, ac-

cording to A. Jacobi, frequently has its origin in tuberculous bronchial lymph glands, and is most common in children between two and three and seven and eight years of age. There are usually three stages—namely, the stages of cerebral excitement, the transitional stage, and the third or paralytic stage. Choroidal tubercles may be detected in the eye (though rare), and the MacEwen sign may be present. The MacEwen sign is a hollow note on percussing over the inferior frontal or parietal bone, an indication of fluid in the ventricle. Leucocytosis more often absent, or a leukopenia may be present. A leukopenia is consistent with tuberculous meningitis, but not with other types.

There may be tuberculosis elsewhere, such as in the lungs, etc. The typical night crying or hydrocephalic cry in children. The positive Ninhydrin reaction in the spinal fluid, aids in differentiating this disease from typhoid fever, pneumonia, and digestive disturbances in children.

R. C. Cabot makes the statement that tuberculous meningitis is not an absolutely fatal disease. Perhaps one case in four or five hundred recovers. "In every case we can truthfully say to the family that there is hope and that recovery is possible." The cerebrospinal fluid shows a lymphocytosis, the small lymphocytes being in the majority. Tapping the muscles with a percussion hammer often brings out clearly defined swellings at point of irritation which last for a few seconds and disappears ("myoidemas")—and are a certain indication of wasting of muscle. There are commonly very marked in tuberculous meningitis, but may be present in other general conditions. Cerebration may be normal until near the end. The tongue is very dry—indicating severe degree of toxemia (except in mouth breathers).

Meningismus, or "serous" meningitis, may occur in typhoid fever, uremia, pneumonia, and gastrointestinal disturbances with acute meningeal irritation with hyperproduction of cerebro-spinal fluid of practically normal constitution. In meningismus, there is stiffness of moderate degree usually, and without retraction except in children. Kernig's sign is usually present, but not always and the reflexes are apt to be more active than normal. In meningismus, the cells in C. S. fluid are not very numerous and practically all lymphocytes. In tuberculous meningitis the cell count is not so high as in the other purulent forms of meningitis,

and mostly lymphocytes. But in children while sometimes we get a high cell count, it is true that mononuclear cells usually predominate, but at times polymorphonuclears are in the majority. To decide, one must examine spinal fluid for tubercle bacilli, and even animal inoculations may be resorted to. In the other forms of meningitis, the C. S. fluid is distinctly cloudy and runs freely under increased pressure. Examination shows a high cell count and both polynuclears and mononuclears are increased, the polynuclears being in the majority. The Noguchi protein test is positive. Fehling's solution is reduced. Sterile cultures and negative smears may at first be the results of C. S. fluid examinations, but if persisted in, the organisms may finally be found. After a week or two it is often impossible to find micro-organisms in the spinal fluid and the process may become a low grade inflammation with serious exudate and little cellular reaction. When in doubt, it is always a good plan to give the antimeningococcic serum. Be that as it may—any case with delirium, unequal pupils, Kernig's sign, stiff neck and leucocytosis demands lumbar puncture. If the C. S. fluid is very cloudy you rarely find the meningococcus on staining a smear in true cerebrospinal fever. You may, of course, have a strepto- or a staphylococcemia, that is a septicemia of pyogenic origin with a meningo-coccal meningitis and one may therefore first find the staphylococcus or streptococcus organism and not until later the meningococci. It is, therefore, a good plan to give the Flexner serum at once. Osteomyelitis, bad tonsils, or other foci of infection may exist. Staphylococcus aureus frequently produces osteomyelitis and secondary or pyemic abscesses often follow; however, staphylococcus very rarely localizes on heart valves and rarely attacks the meninges. The chances of recovery are greater in staphylococcal than in streptococcal acute purulent lepto-meningitis, but the prospect of recovery from either is small. In meningismus of uremia, there would be hypertension, hyperpnœa, increased urea, creatin and creatinin in the blood, albumin and casts, and the CO₂ combining power of the blood and other blood chemical tests could enable one to rule out uremia.

Typhoid Fever—Headache quite severe, but is not usually occipital and does not last all through the course of the disease. Backache and pain along cervical spine are not

prominent symptoms. The splenic enlargement, the rose spots, typhoid bacilli in blood cultures, Widal reaction, leukopenia, dicrotic pulse, the urochromogen urine test, or Ehrlich's diazo-reaction and the temperature chart—all help towards the diagnosis of typhoid fever. The intolerance of light and sound, the marked hyperesthesia, exaggerated reflexes, peevishness and restlessness of meningitis are absent in typhoid fever. The pulse is also slow, in proportion to fever in meningitis, but is not dicrotic as in typhoid. The diazo-reaction (urine) in any disease is a bad prognostic sign, its absence in a febrile case argues against typhoid fever.

Meningo-myelitis is the commonest form that syphilis takes in the central nervous system; and therefore, this condition, when more or less acute, must be ruled out. This is also a surface infection of the spinal cord and brain—the original infection occurring in the membrane covering the nerve tissue and the pia arachnoid.

The Wassermann spinal fluid and blood tests, the history of the case, and the therapeutic tests are measures that help to differentiate this condition, with the study of the cerebrospinal fluid, bacteriological and cytological results. "Xanthochromia and massive coagulation" or the "syndrome of Froin" would be absent. It is not present usually in the cerebrospinal fluid of acute meningitis cases. It is due to pressure and localized stasis of the fluid along the spinal meninges; there is a great excess of protein and spontaneous coagulation of the cerebrospinal fluid in the test tube, with slight or no increase of cells; most often seen in cases of spinal tumor and inflammations and reactions following injuries to spine, etc. However, it must be remembered that in all instances of acute inflammation of the meninges the protein is increased (a mixture of globulin and albumin) in the cerebrospinal fluid. The total quantity normally is about 0.02 to 0.03% or 0.2 to 0.3 gram per 1000 c.c. of spinal fluid. A decrease in dextrose in the C. S. fluid occurs in the acute meningitides. Normally, there is 0.048 to 0.058% or 0.48 to 0.58 gram per 1000 c.c. of spinal fluid.

Next to "Xanthochromia," the largest amounts of protein are to be found in surface infections of the meninges as the meningitides, due to meningococcus, pneumococcus, streptococcus, tubercle bacillus, and influenza bacillus. In *Acute Anterior Polio-myelitis* the inflammation is primarily an

interstitial meningitis rather than a surface infection and, therefore, do not usually find a large amount of protein in the C. S. fluid. The Pandy and Noguchi or Kaplan tests or the Mayerhofer "permanganate reduction index" test may be used for the estimation of the protein content.

Malaria—The enlarged spleen, the history of chills, the malarial plasmodium in the blood, the leukopenia would suggest malaria. Softening and enlargement of the spleen generally indicate only, that some acute infection is present.

L. F. Barker states: When a diagnosis is not clear in a patient with a high temperature, a blood culture should always be made. In the first week of typhoid fever a blood culture is positive in 90% of the cases. The same is true in lobar pneumonia. You can grow the pneumococcus from the blood within 20 to 24 hours in a large proportion of pneumonia cases. In acute meningitis you may get in a blood culture the meningococcus—or some one of the other organisms—staphylococci, streptococci, etc., that cause the disease—in one-third of the meningitis cases within 24 hours. This point deserves to be especially emphasized, i. e., to take blood cultures early in fever cases. Bile-bouillon or blood-agar may be used as the culture medium. Blood-agar is also a good medium for spinal fluid culture in suspected cases of meningitis. Barker states, herpes is very common accompaniment of meningococcal meningitis—more frequently than in malaria.

In the differential diagnosis of the various forms of meningitis and such diseases as have already been mentioned, namely, malaria, typhoid fever, meningismus, uremia, and meningomyelitis, we must also include acute anterior poliomyelitis, especially the cerebral or meningeal form known as Heine-Medin Disease and finally Sinus Thrombosis.

In *Sinus thrombosis*, extending to the meninges, with high fever and high cell count, could be ruled out by the absence of dilation of the cranial or facial veins, no swelling of eyelids, no cyanosis of orbital or frontal regions, no protrusion of eyeballs, no engorgement of retinal veins, no mastoid signs; no otitis media, and nothing abnormal palpable in the jugulars. Brain abscess and acute encephalitis extending to the meninges can also be ruled out.

Heine-Medin Disease, or the meningeal form of poliomyelitis anterior acuta. In these cases a meningitis may be caused by

the localization of the infantile paralysis virus. Netter believes this type frequent in France, and may be mistaken for cerebrospinal meningitis. The symptoms of Heine-Medin disease include vomiting sometimes for 48 hours, followed by rigidity of the neck with flexion of the head. The patient may be soporose. Ankle jerks diminished. Macewen's, Brudzinski's and Kernig's sign may be present. These symptoms and signs point to meningeal irritation and may be due to cerebrospinal meningitis or other forms of pyogenic lepto-meningitis, tuberculous meningitis, the meningeal form of poliomyelitis or simply to a meningismus. The diagnosis must be based chiefly on blood culture and spinal fluid examinations and tests.

Josephine Neal, in October, 1916, before the New York Academy of Medicine, dwelt in detail on this subject. She stated that in the early stages of poliomyelitis the C. S. fluid is clear, except in a few rare instances in which it is very slightly cloudy. It often shows a good fibrin-web formation. There is a slight or moderate increase of albumin and globulin, together with a prompt reduction of Fehling's solution. The cell count is increased and as a rule 80% or even more of the cells are mononuclears, occasionally the polynuclears predominate where the fluid is slightly cloudy. There are certain large mononuclear cells present in poliomyelitis fluid which are more or less diagnostic.

In the early stages of ordinary meningitis the fluid shows varying degrees of cloudiness. The increase in globulin and albumin is usually greater than that which occurs in poliomyelitis and there is a poorer reduction of Fehling's solution. Finally, the cells in spinal fluid of purulent meningitis are largely polymorphonuclears and the meningococcus can usually be found on careful repeated search, but in some mild cases can never be found. In meningitis due to other organisms, you can practically always find them sooner or later in stained smears of the centrifuged specimen and in cultures of the spinal fluid. Netter attaches importance to complete loss of knee-jerks at a very early stage in poliomyelitis and to the presence of severe pain and tenderness in the limbs—which he says is especially marked in the meningeal type of the disease. Neal says that in some of these cases of poliomyelitis, the spinal fluid can only be differentiated from tuberculous meningitis, by means of animal inocula-

tions. Paralysis, in due time, in the second or third week at most, even if limited only to ocular or facial domain, occurs—and probably also in one or more of the extremities.

A monkey could be inoculated with some of the cerebrospinal fluid and see if the animal develops Heine-Medin disease. Before discussing the prognosis and treatment of meningitis, it is essential to have some clear knowledge as to the cerebrospinal fluid itself, and the effects of lumbar puncture. Normally, the cerebrospinal fluid is for the most part a secretory product of the choroid plexus. Some may also be derived from blood-vessels of the nervous tissues and probably also from the pituitary and pineal glands (John A. Kolmer). The choroid plexus is the main guardian against infection of the tissues of the cerebrospinal system, although its defensive powers are easily disturbed. Flexner and Amoss have shown that the intraspinal injection of sterile horse-serum or even simple spinal puncture, accompanied by some loss of blood, were sufficient to greatly reduce the resistance of the tissues to infection with poliomyelitis virus.

Kolmer says, lumbar puncture alone may so disturb the choroid plexus or other mechanism of defence of these tissues against infection as to favor infection of certain micro parasites in the blood. Aseptic conditions and a suitable needle are of first importance. The pain produced during puncture can be prevented by preliminary infiltration of the tissues, along the passage the needle is to take, with 0.5 to 1 c.c. of a sterile 1% solution Eucain. Avoid undue force. Arching of the back widens the intervertebral spaces. After the puncture have the patient rest in the prone position for an hour or two, to avoid headache and vomiting.

The pressure of the C. S. fluid varies directly with the pressure of the venous sinuses, and it oscillates with coughing, forced respiration, crying and muscular movements. The pressure is four or five times higher when the patient is sitting up than when in the prone position on the left side. In children, according to Quincke, the normal and pathologic C. S. pressure is about one-third less than in adults. Kolmer recommends the use of the mercury manometer and the Landon technic, with the adult patient on the left side and quiet; the normal varies from 6. to 10. mm. of mercury; average 8 mm.; 12-20 mm. Hg. or

higher are pathologic. Pressure is increased in acute and chronic, especially acute, forms of meningitis due to tuberculosis, meningococcal infection or poliomyelitis virus.

A marked decrease in the dextrose content of C. S. fluid occurs in the acute infectious meningitides—in meningococcus meningitis, the fluid may even fail altogether to reduce Fehling's solution. In acute meningeal congestion or simple "serous meningitis" or meningismus, the amount of dextrose is usually unchanged. In the acute suppurative meningitis cases the increase numbers of bacteria and the large number of cellular products of inflammation, the red and white blood corpuscles, consume or absorb a portion of the dextrose. Fehling's or Bang's micro method may be used for the dextrose estimation.

Chloride—Normally there is present 0.725 to 0.750% sodium chloride in C. S. fluid. There is a marked reduction of chloride in tuberculous meningitis, to 0.5% and in acute purulent meningitis to 0.6%. In subacute or chronic meningitis the reduction is much less.

Cytology—Normally the C. S. fluid contains a very few cells, the number varying from 0 to 8 per cubic millimeter of undiluted fluid; 15 cells is a definite increase or "pleocytosis"—these are usually small lymphocytes. The number as stated above, are greatly increased in infective meningitides. The Fuchs-Rosenthal counting chamber is usually recommended, for counting the cells.

The *Weil-Kafka Hemolysin* reaction is based upon the fact that in suppurative meningitis the disintegration of leucocytes furnishes various substances of a bacteriolytic nature; and complements may be present; also, that in cases of acute meningeal involvement, there occurs a greater transudation of serum or a hypersecretion of the fluid, and a decrease of selective infiltration with the result that antibodies are more readily transferred from the blood to the cerebrospinal fluid; and therefore, we find an increase in the anti-sheep hemolysin in the C. S. fluid and in meningitis this is present. (Over 90% of individuals show natural anti-sheep hemolysin present in the blood, none in the normal cerebrospinal fluid.

Meningitis may exist without temperature or leucocytosis, and would have to be differentiated from *hysteria*, but cannot be diagnosed unless headache, changes in cerebrospinal fluid, eye symptoms, ptosis, squint,

etc., and retraction of the neck are present (R. C. Cabot).

PROGNOSIS AND TREATMENT.

Prognosis—Based on following signs of improvement after serum treatment:

1. Improvement in consciousness of patient;
2. Fall in temperature to nearly normal;
3. Diminution in intensity of headache;
4. No decrease, or marked increase in pulse rate;
5. No increase in the rigidity of the neck;
6. Decrease in the globulin content of C. S. fluid.

Many young infants do not respond to serum treatment as well as older children and adults. C. S. meningitis is more fatal in adults than in children. Netter and L. F. Barker believe that antimeningococcal serum should always be used when there is any suspicion of meningococcus meningitis, without waiting for a positive diagnosis based upon bacteriologic study of the fluid obtained by lumbar puncture. According to Osler, meningococcal meningitis is the only form of meningitis in which recovery takes place after treatment in 50. to 75 per cent. of cases. Tuberculous meningitis is practically hopeless. The repeated removal of the fluid from the spinal canal and the consequent decrease of pressure is beneficial. The serum (sterile horse serum or Flexner's serum) may be used in the hope that a mistake has been made in the diagnosis as to the form of meningitis or the urotropin in saline solution may be tried intraspinally. John Lovett Morse regards these cases as absolutely hopeless.

Prophylaxis—The isolation of cases is recommended, especially in camps or other places where many men are brought together. The isolation and proper treatment of meningococci "carriers": Disinfection of the nasopharynx, swabbing out the upper air passages with various mild antiseptic solutions, Liquor Thymolis Comp. or Argylol, etc. Sophian and Black state that the injection of dead meningococci may confer considerable immunity.

In an article on "Meningitis at Camp Greene," contributed by Capt. Paul G. Woolley, to the Journal of Laboratory and Clinical Medicine for April, the statement is made that "In the only organization which made use of systematic nasal sprays since the first of the year, not a single case (of meningitis) developed, and also that in those organizations in which sprays were resorted to after the appearance of the disease no other cases appeared." The spray used at this camp was Dichloramine-T. Virtually, the same method of treatment

was employed by Major Cary P. McCord, Major Alfred Friedlander and Capt. Robert C. Walker, at Camp Sherman, in the treatment of diphtheria and meningitis, in an article published in the July 27th issue of the Journal of American Medical Association, in which they state that in the treatment of these carriers they inaugurated the use of chlorazene. They employed "an aqueous solution of .025 per cent. strength, administered as a gargle three or four times daily. In certain cases, the application was made by throat specialists to insure the reaching of remote points in the nasopharynx. The gargling was followed with an oily spray of Dichloramine-T of 2 per cent. strength. The combined use of aqueous chlorazene solution and the oil solution of Dichloramine-T promises to be of utmost value not only in preventing diphtheria and meningitis, but also as a prophylactic in pneumonia, measles, streptococcal sore throat and the other diseases originating in the nasopharyngeal tract—influenza, etc.

Medicinal Treatment—Bromides may be given for insomnia and delirium either by mouth or rectum, chloral may be added; dial (Ciba) or barbitol may be used; or caffeine if stimulation is necessary. Strychnine should not be used. Whiskey or brandy may at times be of value, as an aid to nutrition. Ergot and iodides are of no value in cerebrospinal meningitis; helmitol or hexamethylenamine may be used—even given intraspinally, especially in the fatal forms of C. S. meningitis for which no specific therapy has yet been found, as the tuberculous, pneumococcus and streptococcus forms and in those epidemic forms "resistant" to serum therapy. When pain is severe morphine or heroin may be used—fairly large doses are required. However, if pain can be controlled in any other way, it is better to avoid the use of morphine, as some of these patients are extremely sensitive to the depressing action of morphine. In very resistant cases and if the patient's condition is very serious, the cerebral ventricle should be tapped after trephining the skull and the serum should be injected into the ventricles. This can be done much more easily in infants and young children as a last resort. In tuberculous meningitis there is no specific therapy. It is the most frequent of all the bacteriologic types of C. S. meningitis and is usually regarded as an absolutely hopelessly fatal disease. Frequent repeated lumbar puncture is the only hope. Lumbar puncture is made usually between

the third and fourth lumbar vertebrae, "one-half inch to the right of median line," and the needle is directed slightly inward and upward. The needle should enter the spinal canal at a depth of 2 or 3 cm. in children and 4 to 6 cm. in adults. Charles H. Dunn recommends lumbar puncture immediately in every case in which epidemic meningitis cannot be excluded.

It must be remembered that antimeningitis serum is a specific immune serum, and is only of value in that form of cerebrospinal meningitis caused by the Weichselbaum Diplococcus, and is of no value in any of the other forms of C. S. meningitis. It is of no value when given by the subcutaneous route. Of late, some men have been using the serum intravenously exclusively, or alternately intraspinally and intravenously in daily injections. The earlier in the course of the disease the serum is administered the better are the prospects of success. Antistreptococcic, antipneumococcic and anti-influenzal serum can now be obtained for use in the forms of meningitis due to these specific organisms. Staphylococcic meningitis may be treated by vaccine therapy. An autogenous or homologous vaccine is preferable, but if not obtainable a stock vaccine can be used. Dunn recommends the daily injections of serum as long as diplococci can be found in the C. S. fluid. The amount of spinal fluid withdrawn should always be somewhat more (5-10 c. c.) than the amount of serum injected. The average dose for an adult is 30 c.c., but in very severe cases from which the fluid escapes readily, as much as 60 c.c. may be given. Usually given once in 24 hours until temperature is normal and the fluid practically clear. In severe cases can be given every 12 hours.

Dr. Niles, of New York, emphasizes the importance of keeping a high concentration of the serum continuously in the subarachnoid space. The average case requires four to six doses — some cases require many more. The number of cells in the spinal fluid is often increased after the first injection of the serum, because of the irritation of the meninges by the horse serum. It is only transitory and the fluid gradually clears. In cases where there is a bacteremia, 50 c.c. of serum is best given also intravenously. Dunn states that the persistence of Kernig's sign, rigidity and tenderness of neck, retraction of head or abnormalities of reflexes, in favorable cases is not serious and in itself does not indicate

further injections. If after 4 or 5 injections there is still some fever and the persistence of headache, hyperesthesia, and any affection of consciousness—as delirium or apathy—the injection of serum had better be continued. Four injections, even in mild cases, are usually recommended and should the diplococcus reappear in the spinal fluid (after having once disappeared with improvement, at any time while under treatment) another course of 4 injections should be given. McKenzie and Martin have introduced the use of an autogenous serum. They withdraw the blood serum of a patient suffering from meningitis and inject it into the spinal canal of the same or another patient. This is an active bacteriacidal fluid. G. Marchetti (*Rivista Critica di Clinica Medica*, Florence) recommends and has tried in eleven cases the injection of the antimeningitis serum one day by vein, the next intraspinally and he continued the injections in this way. All the cases recovered, with the exception of one death. This case was complicated with malaria and was very weak.

W. W. Herrick (A. M. A. J., Aug. 24, 1918) at Camp Jackson, recommends the intravenous route for serum treatment. He gives from four to eight massive injections by vein, of from 80 to 150 c.c. during the acute stage in a period from two to four days. Desensitization by subcutaneous injection of 1 c.c. of serum one hour before the introduction of serum into the vein and the cautious injection of the first 15 c.c. at the rate of 1 c.c. per minute. If dyspnoea, cyanosis, pallor, vomiting, irregular pulse appear, stop the injection. He concludes that the average case requires 400 to 600 c.c. of serum by vein and about 100 c.c. by spine. 265 cases were treated and studied. Blood culture was positive in one-third of the cases, showing there was a true septicemia or meningococcemia in a large number of the cases. Four per cent. of meningococcus—blood, infection have not shown meningitis and the serum, intravenously, rendered the blood sterile. If meningococcus meningitis is a metastatic or secondary local infection and inflammatory focus, the primary stages of the disease, the sepsis, or bacteremia, should be recognized and treated. With the combined intravenous and intraspinal treatment, the meningococci are not found in the spinal fluid after the first 48 hours! In 1904-5, epidemic, the mortality in New York City was 70 per cent. Paralyzes, defective

sight and hearing or mental impairment often followed as a sequel. Since the serum has become the main treatment the mortality is only 18-25 per cent. In cases showing a tendency to become chronic, autogenous vaccines are given in all cases by the New York Department of Health.

E. M. Medlar, A. M. A. J., February 16, 1918, 458, at Camp McClellan, concludes and agrees with Major Herrick that epidemic cerebro-spinal meningitis is not primarily a meningitis, and that all meningitis, exclusive of traumatic meningitis and brain abscess, is secondary to hematogenous infection. It is probable that if seen early enough, all cases of meningococcic meningitis would give positive blood cultures.

Herrick, A. M. A. J., January 25, 1918, emphasizes the fact that epidemic meningitis is primarily a generalized systemic invasion by the meningococcus—a sepsis—with possible secondary involvement of the meninges, joints, endocardium, pleura, tonsils, etc. Diagnosis in the stage of meningococcic sepsis may be made many hours before the meningococcus has time to develop its characteristic selective action on the meninges. In this stage of sepsis, before meningitis develops, it is important to administer intravenously antimeningococcic serum in doses of 30 to 60 c.c., every 24 hours during first 3 or 4 days, and then if meningitis symptoms set in, the intraspinal injections should also be used. Dangers of intraspinal injections are: (1) Anaphylactic shock, this can be avoided by giving a sensitizing dose subcutaneously before proceeding with the intraspinal injection; (2) Cardiac or respiratory symptoms may develop during the injection, if so, stop, and drain off a few c.c. of serum. Artificial respiration and circulatory stimulants may be used. This accident is rare if serum is administered by gravity, which is the method recommended. A polyvalent serum and one of high potency should be employed. The New York Department of Health makes its own.

In the American Journal of Medical Sciences for July, 1918, McConnell, Morris and Seehorn at Camp Pike, Ark., report the results of their study of thirty cases of meningococcic cerebro-spinal meningitis (A. M. A. J., p. 598, August 17, 1918). The order of frequency of symptoms were:

(1) Profound frontal headache; (2) Stupor or coma; (3) Rigidity of neck; (4) Vomiting—was projectile or cerebral in type coming without previous nausea and without warning; (5) Kernig's sign; (6) In-

creased knee-jerks; (7) Hyperesthesia; (8) Slow pulse; (9) Petechiae; (10) Slight increase in temperature.

Strabismus was not present as an early symptom; the headache was very severe in character, much more marked than in typhoid and nearly always was frontal; Kernig's was + in nearly every case; knee-jerks were exaggerated in most of the cases, as were the plantar reflexes; Babinski's sign was absent; hyperesthesia was marked and at times a "tache cerebrale"; the pulse in nearly every case was slow, 60-79 or less; herpes was a common symptom—present in practically all of the cases, usually most extensive on the lips at the mucocutaneous junction. The gravity method was not employed by these men at Camp Pike. Instead, a Luer syringe of 40 c.c. capacity was used, with rubber tubing for connection with the syringe and needle. The serum was injected very slowly. Doses of 40 c.c. were usually given at 24 hours intervals. Adrenalin solution or Epinephrin may also be used in conjunction with the desensitizing subcutaneous injection of serum prior to intraspinal or intravenous serum injection.

Injection of Oxygen or Air—Ramond and Francois (in *Bulletins de la Societe Medicale des Hopitaux, Paris, October 26, 1917*) state that tuberculosis is essentially curable, especially when it involves serous membranes. The injection of air has been found useful in tuberculous pleurisy and peritonitis and Ramond has found it effectual also in arthritis, orchitis and meningitis. After 40 c.c. of C. S. fluid is removed by lumbar puncture, patient reclining, the air is drawn into a Roux syringe through a long, red-hot platinum needle. This sterilizes and warms the air, and it is then slowly injected through the puncture needle which has been left in place. The amount of air injected should not be over one-half or two-thirds of the amount of fluid withdrawn. The injection of air can be repeated for 5 or 6 consecutive days or oxygen may be used for longer periods. Air or oxygen may even be injected into the lateral ventricles.

Injections of iodoform emulsion intraspinal may be tried. The C. S. fluid is alkaline, and the intrathecal injection of solutions of urotropin may not act, because urotropin requires a distinctly acid medium for its action.

To be what we are, and to become what we are capable of becoming, is the only end of life—Robert Louis Stevenson.

OCULAR MANIFESTATION OF SYSTEMIC AND LOCAL DISEASE.

BY B. M. HOWLEY, M. D.,
New Brunswick, N. J.

Tuberculosis is the first disease that I speak of. It shows itself on the conjunctiva of the eyelid as a primary infection, also in tuberculosis of the iris and in tubercular choroiditis. In the systemic manifestation of tuberculosis or a tubercular diathesis we have phlyctenular conjunctivitis as an example.

Syphilis shows itself as a local infection on the eyelid and in secondary and tertiary stage on the cornea as an interstitial keratitis, or on the iris as *zinnia*, or syphilitic iritis. On the nerve we have a neuro-retinitis with its destructive changes.

Diabetes.—An early cataract, if not due to traumatism, is very often due to diabetes. Diabetes is also a cause of iritis choroiditis and neuro-retinitis. Disease of the kidneys is the cause of iritis, choroidal and retinal involvement, and also hemorrhage in the vitreous.

Contagious or Infectious Diseases.—Diphtheria attacks the eye locally in diphtheritic conjunctivitis, and in first diphtheritic complications we have paralysis of accommodation and the eye muscles.

The kidney complications of scarlet fever may affect the eye, in the form of a retino choroiditis. Its tendency to recover as the nephritis improves is one of the notable features in contradistinction to the same condition arising from other forms of nephritis.

In smallpox a pustule on or near the cornea will result in loss of the eye.

In typhoid fever and in influenza, optic atrophy has followed as a sequel.

Cerebro-spinal meningitis shows itself in a hemorrhagic retinitis and in paralysis of the eye muscles.

Tubercular meningitis and infantile paralysis show themselves in paralysis of the eye muscles.

In the gastro-intestinal system we find toxic conditions, with or without constipation, that are the cause of iritis, choroiditis and vitreous changes. High blood pressure is a condition which accompanies gastric disorders and kidney disease. It is a cause of hemorrhage in the vitreous and bears a close relation to glaucoma.

Local Disease.—Infected teeth may cause eye pains or an iritis that will only yield when the tooth is pulled. Infected tonsils

are a cause of many disorders and can be justly spoken of as a causative factor in eye disorders.

Acute or chronic ethmoiditis, abscess of the frontal sinus, or antrum of Highmore, each ranks in the order that it is spoken of as a disease factor that presents certain eye symptoms, such as pain in and around the eye.

Exophthalmos, when it is monocular, is due either to orbital tumors, hemorrhage in the orbit, or abscess of orbit, with or without ethmoiditis.

The diagnosis of the external diseases of the eye is not difficult if proper care and attention are used in making the diagnosis. It is only in internal disorders of the eye that we are forced to use methods that require special training in diagnosis, such as the use of the ophthalmoscope and its proper interpretation.

CENTENNIAL ADDRESS.

Delivered at the One Hundredth Anniversary of the Gloucester County Medical Society at Wenonah, N. J., September 19, 1918.

BY LUTHER M. HALSEY, M. D.,
Williamstown, N. J.

It has been assigned to me to give you the historical address of the Gloucester County Medical Society, and I must confess that I feel that this will be somewhat of a failure from my standpoint for the reason that I have been unable, through its members, to collect data which would give me the history of the medical men who have practiced here for many years in the past, but I shall try to give you somewhat of a synopsis of the men who have by their deeds benefited the people of this county and State, and have been somewhat of importance in national affairs in the healing art.

While we know that in the early history of the colony of West Jersey the practice of medicine was chiefly in the care of the clergy, many of them were men of profound minds and highly educated. I had hoped to take up the history of many prominent physicians who were members at one time or another of the Gloucester County Medical Society and show you that they were not only highly educated men but were devoted to their profession, and that they did a most excellent work, with what was known of the practice of medicine during their times, in bringing out ideas which have since been adopted, many years afterwards by the

profession, has caused a marked advancement in the practice of medicine.

The unfortunate part in many of these instances has been that their light was hid, so to speak, under a bushel, and as their opinions were not published and were not brought before the profession at large and the only record we have of them is in the minutes of the society.

I should have liked to go into the question, particularly as to our deceased members and a few that are living and are honorary members of the Society to-day, as to their general history, the work that they have done, and its general effect upon medicine in this section of New Jersey, but unfortunately have not received the necessary data to do this.

I would like to give you a synopsis of the work of Drs. Stevenson, Daniel Wills, R. Dimsdale, John Gosline, Daniel Cox, Graham, Benjamin VanLeer, James Stratton, Thomas Hendry, Bowman Henry, Joseph Fithian, Chas. Garrison, Chas. F. Clark, John R. Sickler—an ex-president of the Medical Society of New Jersey—John Ashcraft, Fisler, and numerous others who were prominent in the practice of medicine since the early part of the 19th century, and were members of this Society, men who did most excellent work, and were thoroughly practical and competent physicians; men who in their day advanced ideas which have been accepted by the profession and have been taken up and cases treated largely upon suggestions made by them and with excellent results.

Historical addresses are apt to be dry and prosy unless the narrative is told by some master. Men of Motley's and Prescott's type, with their beautiful command of language, their power to fascinate with their stories, the ability to hold one spell-bound until its conclusion, are rare. It has fallen to me to be your historian to-day. I shall endeavor to confine myself to the Society's organization, important facts in its history and some hopes and suggestions for its future.

One hundred years have passed (more than the time allotted to man by the Psalmist) since the first meeting of physicians took place in our county, which gathering we are here assembled to-day to celebrate. Our forefathers in medicine laid the cornerstone of the edifice which, notwithstanding its troubles, the temporary cessation of its meetings, has each time, like the phoenix, arisen from the ashes imbued with life stronger, more invigorated than before.

The Medical Society of New Jersey was organized July 23, 1766, at New Brunswick, but was not incorporated until June 2, 1790. Among the charter members we find the name of Dr. James Stratton, of Swedesboro. He was self-educated, barring one term at the University of Pennsylvania. At the breaking out of the Revolutionary War, he gave his services to his country. His practice extended from Woodbury to Salem and twenty miles in the interior. He was eminently successful, popular and had great influence in civil and political affairs, and was Judge of the Court. His son, Hon. Charles C. Stratton, was Governor of the State. Not until 1916 were district or county societies established, and the physicians of this county, though few in number, were so progressive that in two years they took the first step toward organizing this district society. At this time and until 1844, Camden County was a part of old Gloucester.

No medical society is known to have existed in this county prior to 1818. On the second of September of that year a meeting of a number of the physicians of Gloucester County was held at Woodbury. An application was made to the State Society for authority to organize a district society. On the second Tuesday in December, 1818, at the house of Jesse Smith, in Woodbury, the District Medical Society of the County of Gloucester was organized, when the following persons were elected: Dr. Dayton Lummis, president; Dr. Bowman Hendry, vice-president and corresponding secretary; Dr. Jeremiah J. Foster, recording secretary and treasurer. The following is a copy of the letter relative to the meeting:

"Princeton, N. J., Nov. 12, 1818.

"Sir—A copy of the proceedings of a convention of a number of the physicians of Gloucester County, N. J., held in Woodbury on the 2nd of Sept., 1818, was forwarded me by Dr. J. J. Foster, their secretary, and was duly received. Agreeably to the request therein contained, application was made to the State Society at their meeting on the 10th, to authorize the physicians of Gloucester County to organize a district, short transcript of their proceedings on that subject, which will be your authority for organizing a district society in your county on the second Tuesday of December next. The secretary, who was necessarily absent at the meeting of the Society, will be requested to furnish you with a copy of the laws of the Society with as little delay as possible.

"I have the honor to be, with great respect, your obedient servant,

"Dr. Dayton Lummis,
"John Van Clive."

Copy of the resolution endorsed in foregoing letter:

"Upon application from the following named gentlemen of the County of Gloucester, viz.: Dayton L. Lummis, Bowman Hendry, Joseph Fithian, Lorenzo Fisler, Isaac Davis, Benjamin Ervin, Francis Hoover, William Hunt, Samuel Horris, Thomas Hendry, Jeremiah J. Foster, Ezra Baker and John C. Warner, it was resolved that the above-named gentlemen be authorized to meet at Woodbury on the second Tuesday in December next for the above-named purpose.

"Signed, Fitz Randolph Smith,
"Secretary, pro tem.

"New Brunswick, Nov. 10, 1818."

The society held its annual and semi-annual meetings regularly up to December, 1821, when they were discontinued. It was reorganized March 16, 1830, at which meeting Dr. Charles Garrison was elected to membership. Delegates to the State Society were chosen and the semi-annual meeting of the society ordered for the following June. Prior to 1836, the District Society of Gloucester County was holding sessions and transacting business under a resolution passed by the State Society. In that year a charter was granted to Drs. C. F. Clark, I. S. Mulford, Thomas Lee, Joseph Fithian, Samuel Harris, Bowman Hendry and J. P. Thornton. On the second Tuesday in May, 1836, working under this charter an organization was entered into as follows: President, Dr. Joseph Fithian; secretary, Dr. I. E. Mulford; treasurer, Dr. Charles Garrison. Meetings were held alternately in Woodbury and Camden. In 1846, the charter having been lost, Drs. Jos. Fithian, C. F. Clark, Joseph C. Weatherbee, Thomas J. Saunders, John R. Sickler and B. P. Howell, after some correspondence with Dr. Mulford, of Camden, applied for a new charter, which was granted them on the twelfth of May. Following is a copy:

"*Application.*—We the undersigned, licensed physicians and resident practitioners of the County of Gloucester, respectfully request the Medical Society of New Jersey to confer upon the members of the medical profession of said county the power to organize a district medical society for the County of Gloucester.

"Joseph Fithian, C. F. Clark,

"Jos. C. Weatherbee, Thos. J. Saunders,
"John R. Sickler, B. P. Howell."
"April 30, 1846."

"State of New Jersey.

"By the Medical Society of New Jersey to Joseph Fithian, C. F. Clark, Joseph C. Weatherbee, Thomas J. Saunders, John R. Sickler and Benjamin P. Howell, in the County of Gloucester was duly considered at a meeting of the Medical Society of New Jersey, held at New Brunswick on the twelfth day of May, 1846, and it was thereupon voted that your request be granted. Be it therefore known, that pursuant to an act of Legislature of this State, the Medical Society of New Jersey doth appoint Jos. Fithian, C. F. Clark, Jos. C. Weatherbee, Thomas J. Saunders, John R. Sickler and Benjamin P. Howell, physicians and surgeons, practitioners, and residents of the County of Gloucester, to meet at the county town on the sixteenth of June, at ten o'clock in the forenoon, then and there to form themselves into a society to be called "The District Medical Society of the County of Gloucester, in the State of New Jersey, for the purpose of electing officers, making by-laws, rules and regulations, having and using a common seal and transacting such other business as they shall deem expedient. In testimony whereof, the President, pursuant to the aforesaid vote of the society, has hereunto subscribed his name and affixed the seal of the corporation, at New Brunswick, the twelfth day of May, 1846.

"Robert S. Smith, President.

(Seal) "William Pierson, Rec. Secretary."

In 1846, six physicians met in Haddonfield for the purpose of organizing the Camden District Medical Society. Of this number three were members of the Gloucester Society, Drs. Mulford, Hendry and Thornton, who, according to the historian of Camden Society, were the pioneers in county medical organization and the champions of medical progress. He further says this organization (Camden County Society) "sparkles with all the brilliancy of modern medical science and surgical art. It has watched over and elevated the standard of medical education; it has strengthened the reputation of the county in knowledge, character and public good. What good seeds our founders planted; probably little did they think that from their blood should develop an organization which has wielded such a powerful influence, for good. Verily, I say unto you, much good cometh out of Gloucester."

It is, therefore, evident that the Camden

Society, composed of men of ability in their chosen profession, in legislation, in military matters, in politics, literature and education, are our children, our offsprings. While we are proud of their achievements, they should always remember with pride their origin, giving due credit to the noble band of men who assembled to organize the District Medical Society of old Gloucester. It is the pathfinders in medicine, as in other vocations, whose memory should be revered and honored. It is to our founders that all credit should be given for their work in moulding and binding together the profession in West and South Jersey.

As early as 1817 the State Medical Society appointed censors for the district societies. In the spring of 1819, the State Society appointed as censors for West Jersey, Drs. Lummis, Hendry, Foster, Fithian and Harris, and forwarded to them the following instructions with the power to examine and license physicians:

"Resolved, That the censors appointed by this Society be instructed not to give a certificate to any candidate who may apply to either of the district societies now or that may hereafter be organized, until he can give satisfactory evidence of having attained the age of twenty-one years, studied under the direction of some regular practitioner of medicine the term of four years, and attended at least one course of lectures. But if he shall have obtained a diploma from any college, then three years' study, including a course of lectures, shall be deemed sufficient.

"Resolved, That it shall be the duty of the censors of the several district societies of this State, carefully and impartially to examine every applicant for license to practice of physic and midwifery."

"The Medical Society of New Jersey, in their construction of the late supplement of the Act of Incorporation, conceive the censors of the several district societies subject to their control and direction, and consequently amenable to them for any omission or irregular performance of duties connected with that appointment. Under this impression they have communicated several resolutions on the subject of examination as rules of conduct for the Government of their censors when called upon by candidates, which they expect will be adopted and rigidly practiced without respect to persons or circumstances. That every shadow of doubt may be removed and the censors might fully understand such was the design and intention, a resolution was unanimously entered

into by the State Society at their fall session of 1818.

That the letter and spirit of the resolutions adopted at the preceding meeting are in no case whatever to be suspended by the censors of the several district societies, the Medical Society of New Jersey therefore with confidence anticipate a strict adherence to the rules prescribed, and that the censors of the several district societies will enter on their responsible and important duty with zeal, industry and patient perseverance, determined to conduct affairs in such a manner as to reflect honor upon themselves and the institution from whence their authority emanates; that a proper degree of liberality, divested of every appearance of partiality, will be exercised towards the candidates and a strict, dignified and conscientious deportment will characterize on all occasions every examination. By such means the science of medicine will become respectable, the profession honorable and the best interests of the Society promoted."

The American Medical Association, which has been and is such a power for the advancement of medicine and the binding together of the profession, had two Gloucester County men, Drs. B. F. Howell and Joseph F. Garrison, present at its birth, who were active in its organization in 1847, since which time the Gloucester County Medical Society has been represented almost continuously at its meetings. This, in conjunction with a charter member of the State Society, clearly demonstrates that we have ever been at the front in every progressive movement in medicine.

At the annual meeting in 1850, delegates to the State Society were instructed to bring before that body the importance of a high standard of preliminary education among those entering the profession, thus taking a step far in advance of almost all medical colleges, and which has since been adopted. Time will scarce permit me to follow the minutes as closely as would be interesting. The outbreaks of epidemics, interesting cases of some of which I shall make special mention. The society's meetings were very well attended, the sessions for years held quarterly, almost always at the houses of members, either in succession or repeatedly at some member's who was over-zealous in entertaining. These meetings were always a source of much enjoyment, making a break in the life of arduous work and showing that the society at all times kept abreast with the latest medical thought.

During the war there was a slight inter-

mission, largely owing to absence of several members who were serving their country in distant fields. After the rebellion the work was taken up with renewed interest. During this period a number of Salem County physicians became members of our Society and remained with us a number of years, taking a very active part in its meetings. In the latter part of the seventies and early eighties, a number of young physicians settled in the county, enrolled themselves as members and gave new life to the organization. During the period from April, 1883, to January, 1889, the Society was composed of about twenty-five physicians in active practice. Topics for discussion were of a practical character—the epidemics prevalent then, as now, among other; dysentery and scarlet fever—their treatment, mortality, etc., were never failing topics of interest. Reading these reports, one is surprised at the low death-rates mentioned, one member reporting ninety-three scarlet fever cases with but one death. Normal urine injected into the bladder was reported as a successful remedy for cystitis with ammoniacal decomposition of urine.

The appointment, by the State health authorities of a Camden County man as Medical Inspector of Gloucester County, was properly resented by the society, proving it was ready, then, as now, to guard with zealous care the right of the profession in our county. During this period the society lost many members: Drs. Joseph Fithian, C. F. Clark, Charles Garrison, Jos. C. Weatherbee, Paul Heritage, John R. Sickler, William Turner, A. J. McKelway. The notices in memoriam following each death and spread upon the minutes, give ample proof of faithful lives well and truly spent in ameliorating the suffering of afflicted humanity.

After a cessation of three years the society was reorganized in January, 1893, and from that meeting to the present has been strengthened by old members returning and adding new ones, together with increasing enthusiasm. In April of that year the society was entertained by the president, Dr. L. M. Halsey, and Drs. James Tyson and Charles Turnbull of Philadelphia were made honorary members. At the following annual meeting the society was entertained by the secretary, Dr. George E. Reading. At the meeting in July, 1893, the president announced the death of Dr. Samuel Fisler of Clayton, who was both the oldest member of the society and practitioner in South Jersey. Appropriate minutes of the loss to

the society was entered upon the records.

In 1893 the constitution was revised, with several changes; among them was an increase in the number of meetings to five yearly. In 1894, a marked step in advance was taken by the society—adopting a constitutional amendment, establishing a Board of Censors. In July of that year, the society was officially notified of the death of Dr. L. F. Halsey, which occurred July 7. A resolution was adopted showing the sense of great loss sustained by his death. At the meeting of May 28, 1896, the president called attention to the approaching eightieth anniversary. On motion of Dr. H. A. Stout, a committee was appointed to finish the history of the society, begun by Dr. L. M. Halsey, and to arrange for a fitting anniversary celebration.

A memorable fact in 1897 was the establishing of closer relations with the societies of Salem and Cumberland. Within the last fifty years our society has had the pleasure of listening to many essays, both instructive and entertaining, the work of its members. The names of some representative essays will give you the best idea of the scope and kind of work which our society has done in this line.

In 1848, Dr. Sickler wrote on the "Philosophy of the Human Mind," a very general and abstract subject, as you see, giving leeway for individual treatment. This was followed in 1850 by the more specific subject "Periodic and Returning Colics," by Dr. J. F. Garrison. In 1850, through Dr. Fithian, had a subject couched in as general terms as that of the "Philosophy of Man." (?) In 1853, Dr. Sickler again steps to the front with an essay on "Erysipelas." In looking over the minutes to find the title of these essays I have jotted down any points which it seemed to me would be of interest to you. These I mention in their chronological order, preserving chronology at the risk of sacrificing unity. In 1855, Dr. F. L. Halsey was admitted to the society, at which time, he, with three others, Dr. C. F. Clark, J. R. Sickler and S. T. Miller, were elected delegates to the American Medical Association.

"Medicine as a Science," is the abstract title of the paper read by Dr. S. T. Miller in 1857. Words which Dr. Halsey put into practice at the same time by advocating that scarlet fever was contagious. This position the society questioned, a course which seemed incomprehensible to this generation. Not deterred by the doubting reception afforded his advanced theory about scarlet

fever, Dr. Halsey, in 1859, gave it as his opinion, in the course of an essay on scrofula, that that disease was of tubercular origin, a view which was not held by the society. He also reported a case of extra-uterine pregnancy of six years' standing. He exhibited a number of foetal bones he had removed from vagina and rectum.

The next essay worthy of mention is one written in 1862, by Dr. Fithian, or rather the one failing to be written, for our worthy comrade in medicine succumbed to an attack of vertigo. The expectant assembly had to turn their attitude of critical attention into one of sympathetic interest; a motive which doubtless prompted Dr. Sickler to advise brandy on the principle of "*similia similibus curantur*."

In 1866, Drs. Sickler and Howell reported a number of cases of cholera. At the same time Dr. Garrison in a report of a number of cases of puerperal fever, contended that it was infectious and contagious. It was in 1868 that the society, imbued with the spirit of reconstruction, then so popular in our country, adopted a new rate of charges, which each member was requested to sign.

To continue with our essays (which the society seemed to have dropped for a number of years), in 1870, Dr. Garrison spoke on the "Hypodermic Syringe." In 1871, Dr. Turner on "Thermometers."

The year 1872 marks several important facts in the development of our society. In the first place, Drs. Fithian and C. F. Clark were made honorary members, a practice then first adopted of honoring its aged members. Second and more important because significant of the spirit of the age, was the resolution passed recognizing women graduates of schools in good repute, as regular practitioners. In the third place the society passed a resolution authorizing the secretary to deny publicly in the papers that the society had raised its fees. Two years later, in 1874, the society elected Dr. Charles Garrison an honorary member, the just due of one who had served a long and honorable membership. At this same meeting, Dr. Allen delivered an essay on "Locomotor Ataxia." This was at a time when many of the society advocated the use of anæsthetics in difficult labors.

Centennial year was the time for a little festivity, of course, of a strictly medical nature. The Gloucester and Cumberland county societies entertained the State Society at Cape May, the West Jersey Railroad liberally extending free passes to all. In this same year Dr. C. G. Garrison read

an essay on "Mercurial Medicine." Dr. Heritage also favored the society with a very interesting paper on "Temperature in Eruptive Fevers." To leap from essays and entertainments to smallpox is the acrobatic feat I am forced to perform now, for in the year 1877, we find the society exercised over the prevalence of this disease in Paulsboro. At that time Dr. McKelway reported a case of typhus fever. It must have been a relief to turn from these announcements to the interesting temperature charts of Dr. Heritage.

In 1878, Dr. Laws wrote on "Curvature of the Spine." In that year Dr. Halsey reported a very interesting case of "Fractured Skull," in which he trephined successfully. After a long discussion the society decided, in the same year, that phthisis was infectious, but not contagious. The only thing of importance in the year 1879 was the report of Dr. Laws of a case of cancer of the breast, which was cured spontaneously. The society took up the fight against bogus diplomas, in which they were ably assisted by the Philadelphia Record. An interesting case of this year was that of tetanus, successfully treated by Dr. Halsey with large doses of atropia. The next year the essay was delivered by Dr. Fisler, lauding the effects of carbolic acid in typhoid fever and chronic diarrhœa. He claimed good results. Dr. L. F. Halsey advised the use of boracic acid as a surgical dressing.

In the year 1882, Dr. Heritage amputated at the shoulder-joint for gunshot wound. This year was the signal for another outbreak of smallpox, only this time Glassboro was the sufferer instead of Paulsboro. Between 1882 and 1893, nothing special happened in the society except a very able and instructive paper on "Anæmias." In 1894, the president of the society, Dr. Laws, read a paper written with his usual ability, on "Blood-Letting," representing it as the remedy par excellence for pneumonia and apoplexy.

The next work of importance is that of Dr. George E. Reading, who, in 1896, gave a history of a case of interstitial nephritis which he had treated by giving enormous dose of nitro-glycerin to the benefit of his patient. This method of treatment startled an able authority on therapeutics who had thought the human system incapable of standing such doses.

In following me through this labyrinth of dates, names and titles, you have doubtless noticed the changes in the character of the work done. In the forties, we had essays

on subjects like "Philosophy of Man," or scarlet fever in general, in these later years we listened to discourses on thermometers and special phases of some disease or the use of certain medicine in diseases. That is, the tendency has been to come from the general to the particular, from the broad to the special subject. The second tendency is the scientific way in which, more and more as the years advance, we take up and talk of the study of medicine.

Of the president and personal biography of the members, the committee hopes to make a full history, to be published in the near future. Positions of trust and honor have been well and ably filled by members of this society. Dr. James Fithian and Dr. John R. Sickler have been presidents of the State Society. Dr. C. G. Garrison occupied a high position on the bench; his father, J. G. Harrison, received the highest honors of the church. Drs. Sickler and Miller were a credit to the courts in this county as judges. Drs. H. C. Clark, S. T. Miller, L. F. Halsey, J. D. Heritage, A. J. McKelway, G. C. Laws, served their county well as surgeons during the rebellion. The county has been ably represented in the legislature by Drs. John R. Sickler, W. Iszard, Thomas Reeves, Joseph Rowes. The cause of education has been ably espoused by Drs. Laws, Reading, Miller, Hunter, Oliphant, Stout and Halsey, and in fact, by most of the members of the society, many occupying positions on their respective boards of education for years.

Some thoughts present themselves to my mind for the future. In looking over the minutes I find no accurate data on epidemics, no complete written history of interesting cases, a very scant record of the treatment which has been pursued either in epidemics or particular cases. What should be done in the future is that every member should file with the secretary a complete history of epidemics and the treatment which has been the most beneficial. These should be carefully filed, and I hope to live to see the time when the society will have a home of its own. Then we will have the proper place to file our archives. Each of us collects during the years, many journals and reprints; these would form an excellent nucleus for a library. If the society would exert itself in the future as in the past two years, we would very soon have a fund sufficient to erect a building, ample for our needs. Then our historian in the years to come would have some pleasant things to say of the members of the society of 1918. Our

society has been strictly a working practical organization. The diagnosis and treatment of one member is carefully criticized by the others, their weak points shown and suggestions made for improvements. Practical subjects and papers coming into our daily life are discussed. Let us continue these and have lectures on bacteriology and blood examination, and the great study of the action of chemic poisons upon the human economy.

While it is clear to everyone that environment both shapes and makes the progress of individuals in all communities, its influence over medical men and their work is not recognized. We believe that the meetings of the society are an educational factor in the personality of the men who attend. The narrow characteristics expand and disappear. One often finds that his own exalted abilities are feeble compared with others, and he becomes more able to judge his own opinion favorably and his weak points are developed with startling rapidity. We are all subject to environment, but to make it help and not detract is the province of wisdom. The intense personalities, weaknesses and defects require therapeutic study and treatment, and one of the great specific remedies is to cultivate a larger acquaintance with the profession.

We, as physicians and as a medical society, have been negligent of our individual and collective responsibilities as citizens in matters affecting the public welfare. The interest of a physician in good government is something more than that of a citizen. He is himself guardian of the public in their nearest and dearest relations, and as such it is his duty to do all in his power to protect his charge from all evil legislation or the vicious maladministration of salutary laws. In the matter of direct sanitation the value of medical knowledge alone ought to be sufficient evidence to require no demonstration. If we, as physicians, were more cognizant of quackery and more appreciative of scientific medicine on the part of the politicians and public, and with this a more satisfactory status socially as well as politically.

Let us, then, strive to be loyal to ethical principles, with an unselfish devotion to honor and right, eager for the progress of medical science and the improvement of humanity.

(We received too late for insertion some obituary notes of former Gloucester doctors. They will appear next month.—Editor.)

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

After a summer vacation, the Atlantic County Medical Society resumed its meetings on November 8th at 8.30 at the Hotel Chalfonte. Dr. Ross V. Patterson, of Philadelphia, gave a talk on "Influenza-Pneumonia, from the Clinical Standpoint," based entirely upon his observations of 350 cases during the recent epidemic. He believes it to be entirely different from anything seen within the last twenty years; the symptoms complex differ from the influenza as revealed in medical literature.

One of the chief manifestations was the effect of the disease upon the circulatory system, not upon the heart, but upon the vaso-motor mechanism: There was marked fall of blood pressure; the pulse, as a rule, was relatively slow, remarkably dirotic in many instances; capillary pulse was observed in tips of fingers and marked cyanoses in lips and finger tips. Nervous symptoms: Suicidal tendencies, deep depression aside from delirium. In some cases development of signs in the lungs was rapid. Within thirty hours there being evidences of consolidation. In other cases the signs came on gradually; first there was enfeeblement of breath sounds, followed by rales, then dullness, tubular breathing and bloody expectoration.

In many case the kidneys were involved; also the liver and gastro-intestinal tract. That the disease was of a hemorrhagic nature was evidenced by intestinal hemorrhage, uterine hemorrhage, vomiting of blood and epistaxis. In middle ear complications, rupture of the drum was attended by slight degree of pain. The pneumonia was mostly bilateral the signs were more marked than in ordinary bronchopneumonia.

Treatment: Asperin for muscular pain and headache. Dover's powder was also used. The fulminating cases were given stimulation by strychnia and whiskey. Bleeding and cupping were tried, but were ineffective. Salvarsan seemed to help in some cases.

Dr. George A. Ulrich, of Philadelphia, continued the general subject, speaking from the obstetrical standpoint. Within the last week he had seen 5 or 6 abortions of early pregnancies without apparent cause, the blood dark, the fetus dead, killed undoubtedly by toxins of the disease from which the mother had recovered. In later pregnancies, the disease was most virulent; the mortality being fifty per cent.

Labor at height of disease was very easy. Why not induce labor? has been asked. This would be the worst procedure possible because labor is in the nature of an operation, and experience showed it wise to avoid anesthetics and operations of any kind. In those who recover from influenza-pneumonia, the hardest part is to come, because of the toxemia which has to be dealt with. Almost all of them have kidney involvement.

How shall we treat the toxemia? Keep the bowels open, watch the diet, examine the urine frequently, more than once a month. Use it as an index of the patient's condition.

Septic conditions: Those who had hypo-

dermic medication developed abscesses, the resistance of the tissues being markedly less than normal. No case of general septicemia was seen.

The effect of the disease upon the child: If labor occurred at the height of the attack, the child lived. If labor occurred after the attack, the child was still-born, killed by the toxins.

Dr. John Kolmer, of Philadelphia, was the next speaker, treating the subject from the Bacteriological Standpoint. He stated that bacteriologists are divided into two main groups relative to their findings in the present epidemic. Some have found the bacillus influenza in a large proportion of cases; others have not been so successful. Some regard the bacillus influenza as the sole cause of this infection; others believe that other organisms are in part responsible; namely, the streptococcus, the micrococcus catarrhalis, and the pneumococcus. Philadelphia belongs to the latter group. Dr. Kolmer believes that the bacillus influenza is the primary cause; that it institutes the disease and stimulates the growth of the other organisms. Regarding vaccines, it is too early to state anything of a definite nature. They are of two main varieties: Vaccines of the bacillus influenza, and vaccines of mixed character. Kolmer's vaccine is of the latter type and consists of 60 per cent streptococci; 10 per cent. bacillus influenza; 30 per cent divided between pneumococci and micrococci catarrhalis. If the dose administered is too large, it causes increased chances of contraction. From the curative standpoint less can be said in favor of the vaccines than from the point of views of prevention.

In the discussion that followed, Dr. Talbot Reed, health officer of Atlantic City, and Dr. Edwin H. Coward, associated with Dr. Reed in municipal work during the recent epidemic, gave valuable data as a result of their experiences. Other speakers were Dr. D. W. Scanlan, of Atlantic City, and Dr. Allen Corson, of Ocean City.

BERGEN COUNTY.

Ralph S. Cone, M. D., Reporter.

The annual meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, on October 8, 1918. The following officers for the ensuing year were elected:

President, Dr. Alvah A. Swayze, Hackensack; vice-president, Dr. Charles F. Adams, Hackensack; secretary and reporter, Dr. R. S. Cone, Westwood; treasurer, Dr. David Corn, Ridgefield Park.

The Society extended a vote of thanks to the retiring officers. Following the transactions of miscellaneous business, an open discussion of the influenza epidemic was held.

The regular monthly meeting was held on November 12th. President Swayze in the chair, with about 20 members present.

The following annual delegates to the State Society were elected:

Dr. David Corn, Ridgefield Park; Dr. A. W. Ward, Closter; Dr. Ralph Gilady, Hackensack. At the annual meeting, the topic for the scientific session was the recent outbreak of influenza.

(Continued on page 431).

The Greatest Mother in the World



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Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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MEDICAL WORK OF THE AMERICAN RED CROSS IN EUROPE.



To attempt to give more than the briefest outline of the work of the American Red Cross Medical Department in Europe would require the space of volumes. So great and far-reaching has been this work that its full extent will never be known, but that those who

are about to sign the Christmas Roll Call may have a slightly better understanding of its activities along this line, the following facts are given:

The Hospital Supply Service of the American Red Cross was designed for the purpose of distributing hospital essentials of all kinds to French and American hospitals, as well as seeing to it that they are kept supplied. Not only are the American hospitals furnished with surgical instruments, but with clothing, medicine and all else that is necessary to their most efficient operation. Connected with this service is the Surgical Dressing Department, and dental clinics are also held. The number of surgical dressings turned out by this service is enormous. Thirteen thousand cases containing dressings, accessories, etc., are packed for shipment every week. Large

warehouses have been taken over and stocked with all the various hospital supplies in order that they may be distributed to any given point immediately upon receipt of a call.

In connection with its hospital service, the American Red Cross has established a motor truck service for the carrying of supplies which is second only to the truck service of the various armies themselves. In Paris its ambulances carry the wounded for the entire district, conveying them to all the hospitals of the city as they are received from the front. It also has established a sanitary railroad train which is fully equipped for emergency operations, this train going to the front and bringing back the injured from the battle line.

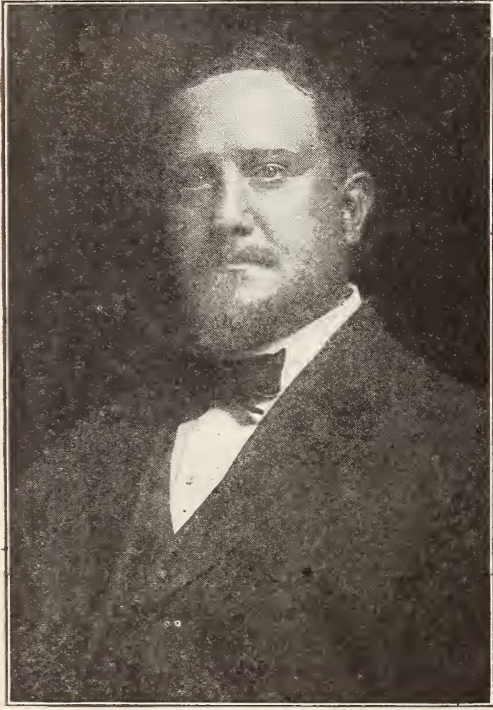
Among its other features the American Red Cross has formed a corps of bacteriologists who have been chosen because of their qualifications. These men are constantly engaged in the Research Laboratories in studying the causes of diseases and making records for the benefit of the army. Among their works has been a painstaking research into the causes of trench fever, and enough has been accomplished in this direction to warrant the belief that splendid results will be obtained later on. In fact, there are many things which strongly indicate that this work will be of permanent and exceeding value, and that it will rank high among the discoveries in the medical line which have come as an outgrowth of the war.

While the greatest possible attention has been given to the severely wounded, in the rush and confusion of great battles, it has sometimes happened that apparently minor, though in reality often serious ailments, have been dismissed with a mere superficial examination. Through the efforts of the Research Corps, very much has been accomplished in attending to these cases which because of their apparent insignificance did not receive the close attention which their real nature warranted. It is now well appreciated that preparing men for the unfavorable conditions of life in the trenches is of the greatest importance as determining their health in after years.

To enter upon the work which the American Red Cross is doing toward the rehabilitating of those who have been injured in battle, the restoring of lost faces and equipping cripples with artificial limbs, the eradicating of health endangering spots, preventing the spread of disease and its work

in the tuberculosis field would be impossible within a brief article. The above hints, however, will give some idea of the great field of the American Red Cross in the medical line, as well as explain why it is asking the assistance of every citizen through the medium of the Christmas Roll Call.

AUGUST ADRIAN STRASSER, M. D.



Again we are called upon to record the loss of a member and an earnest worker of our State Society, who merited highest commendation for his personal worth and devoted service.

Dr. Strasser's death is a very great loss to our Society and especially to our Journal, which the editor cannot adequately express in words, but three years of close association with him in journal work has enabled him to know and most deeply appreciate and extol Dr. Strasser's worth and work, as well as the great value of his friendship, which always found expression in a kindly spirit of helpfulness and good cheer.

He was a man of strong convictions and he had the courage to express them in advocacy of what he believed to be right, honorable and true. He had no sympathy whatever with the false theory that might makes right; his dealings with his fellowmen exemplified the very soul of honor; his life rang true in all the relations of life, especially as a physician, a lover of his country,

a citizen, a friend—he was a TRUE MAN, who sacrificed life itself in his devotion to duty in all these and other relations of life.

We shall greatly miss him as a member of, and a faithful and efficient worker in our State Society, especially will we miss him as business manager of our Journal, where he did such splendid work, and—O how the editor of the Journal will continue to miss him, who has been his co-worker and valued and beloved friend! The editor most heartily endorses the estimates of Dr. Strasser's life and work expressed in the minutes adopted by the Academy of Medicine and the Committee of Publication and in the beautiful tribute by Dr. Reissman, which are as follows:

At the stated meeting of the Academy of Medicine of Northern New Jersey, held November 20th, 1918, the announcement was made of the death of a member of the Council—our ex-president, August Adrian Strasser.

Doctor Strasser was an exemplar of a true physician, active in medical and civic pursuits; one of the organizers of this Academy and a member of the Council from the inception to the present time; served as our president for a year and at all times was active in the interests of the Academy.

He was an active and capable chairman of the Publication Committee of our State Journal; director and surgeon of Stumpf Memorial Hospital, Kearny, N. J.; surgeon to a number of hospitals and member of various medical societies.

At the entrance of our country in the world's great conflict, Dr. Strasser was among the first to offer his services, and while he knew, and we knew, the condition of his health was such that the burden would be a tremendous one, he could not be persuaded, but that his duty was first to his country and that his life was naught compared thereto; he entered the "service" and was returned to us honorably discharged because of his disability, greatly increased by the stress of his duties and the effects of the climate.

Dr. Strasser died "in the service" of his country just as much as though his death occurred on the battlefield. He has made the last and supreme sacrifice.

Upon motion, the secretary was requested to express the feelings and sympathy of the Academy to Mrs. Strasser and family. Drs. Reissmann, Christian and Keim were appointed to represent the Academy at the funeral.—E. D. Newman, Secretary.

At a meeting of the Committee on Publication of the Medical Society of New Jersey, held at Dr. E. J. Ill's office in Newark, November 22d, 1918, the following minute was unanimously adopted:

The members of the Committee on Publication have heard with profound sorrow of the death of our chairman,

AUGUST ADRIAN STRASSER, M.D., F.A.C.S., and we express our very great sense of loss in his departure. His service among us during the past three years has been characterized by the most conscientious, faithful and efficient work that could possibly be given, and to that service has largely been due the success of our Journal, especially in its business management, which has meant financial success. Realizing that the work has required a large amount of time and thought by this earnest, faithful man, who was one of the ablest and busiest surgeons in our State, for which all suggestions of compensation by our Society were declined, we express the deep sense of gratitude we owe as a committee and which the State Society owes to Dr. Strasser, which will ever cause us to hold in grateful remembrance our association with him and our obligations to him.

The secretary of the committee was directed to express to Mrs. Strasser, the son and relatives of our deceased associate, our profoundest sympathy in this season of their great sorrow.—D. C. English, Secretary.

"A Tribute."

A long time ago Emerson said something about a mouse trap and a beaten path to the door of the man who made a good one.

The other evening I went to 115 Beach street, Arlington, and saw the beaten path to the door of a man who made good. It was trod by professional men who respected and honored him; by men and women who loved him. They came to see him for the last time.

Dr. Strasser died in harness. No man would choose a better way. To have crowded into forty-four years of life the work of sixty was his gift to his fellow men.

Dr. Strasser had all the human failings of a MAN; he was honorable, honest, sincere, upright, brave, and fearless; as a physician he was humane, alert, capable, studious, and devoted to his calling. What more can be said?

To paraphrase Lincoln, "The world will little know nor long remember what we say here, but what he did can never be forgotten."

The beaten path is there. Time will eradicate its physical impression; but the memory of it, and of the man to whose door it led, will live a generation.

Dr. Strasser is dead, they say. I wonder! —Reissman.

The Board of Trustees of our Society unanimously voted to pay to the widow of Dr. Thomas N. Gray, our late treasurer, \$250, which amount would about equal the first quarter's salary and expenses, as he died a few weeks after entering upon a new year's work. The following acknowledgment has been received from Mrs. Gray:

October 24th.

Dear Dr. Harvey:

Will you kindly express to the Medical Society of New Jersey my sincere appreciation of their gift to me.

Cordially,

Sarah G. Gray.

VOLUME XV.

With this number of the Journal, we close Vol. XV.—embracing the year 1918. It has been the hardest—most difficult and in some respects the saddest year's work in the Society's and especially in the Editor's experience, owing largely to the demands that the war has properly made upon our profession, which, while they were willingly and patriotically responded to, have unavoidably curtailed and deranged our State, county and local medical societies' activities. Meetings have been very irregular; attendance very slim—often without a quorum; their scientific programs meagre and the esprit due corps of the profession in society work lessened. Consequently, the Journal has failed to get reports, even of meetings held, because their reporters or secretaries, or both, had responded to the country's call and were commissioned in the M. R. C.

But while the work has been harder for those who remained in the home field, we have been encouraged, cheered and strengthened in bearing the extra burdens by the splendid war record the medical profession in New Jersey has made in responding to the country's call and the faithful and efficient service rendered. And while we have been saddened by the deaths of members, especially of two such faithful and earnest officers as Drs. Gray and Strasser, we are inspired by their splendid records as we endeavor to follow in their footsteps. With the war so gloriously ended—autocracy utterly overthrown and the world made safe

for Democracy—and with the early return of our members who have nobly done their part, we look forward with confident hope and expectation to the work of the coming year.

We acknowledge with sincere thanks the work done by Mrs. Strasser and Miss Werner, the doctor's office nurse, in arranging the advertisements for this issue of the Journal. They thereby completed the year's work which Dr. Strasser had nearly finished.

LEGISLATION.

Thoughtlessness, Carelessness, Indifference and Selfishness are among the worst enemies of the medical profession and of humanity generally, and in no matters are they more prevalent and harmful than in those concerning the health interests of the State and its citizens, and especially in the enactment of laws relating thereto. We refer to this matter now because our Legislature will soon convene and it is wise for State Society's Committee on Legislation and the members of our Society and the profession generally to be on guard and prepare plans for the defeat of harmful and vicious laws concerning which the medical profession has the right to demand that medical men, who are the rightful custodians of the health of the people, and who believe that prevention is far better than cure, shall be at least consulted and that their judgment shall be given proper consideration.

We have inserted on page 436, et seq., editorials and other articles taken from several newspapers, to some of which—bearing on the question of legislation—we ask thoughtful, careful consideration and, when required, active, persistent efforts for wise and proper solution, by legislative action, of the problems they suggest for the prevention, relief or control of sickness, suffering, poverty, deformity, defectivism and crime in our communities and in our State. We need concerted action, but we also need the co-operation of every intelligent physician.

We hardly need to discuss the fact, for *fact* it is, that nearly every wise and helpful law for the prevention of disease and the safeguarding of the health interests of the people has been enacted through the earnest efforts of members of our profession, and many of them because of the persistent advocacy of our State Society; that almost without exception, such laws have been adverse to the pecuniary interests of our pro-

fession. Some excellent proposed laws we have earnestly advocated have been defeated, in several instances because of the thoughtlessness, carelessness, indifference or selfishness of individual members of our profession, e. g., in cases where the family physician or other doctor has been consulted by a legislator concerning pending bills, and was told "It is not necessary," or "It will do no good," etc. We submit the question whether such doctors are not assuming great responsibility, possibly because of ignorance or a selfishness that favors increase rather than prevention of disease.

WHEN THEY COME BACK.

They are going to look about one foot taller than when they went away, those fellows of ours who have been "over there," and their apparent increase in stature is going to be mighty close to real in the eyes of the stay-at-homes who should have gone. They are going to be the men to be looked up to, the leaders in big movements and the holders of public confidence.

They are coming back with a new viewpoint, with a seasoning and a settling which will have come to them through the great experience of great service to humanity. Their hearts and their heads are going to be full of the right kind of sentiment and the right kind of sense through the exercise of which they will arrive at just and reasonable decisions. They are going to assume the burdens of citizenship and of professional life with the determination to shape public sentiment and professional sentiment in a manner favorable to the making safe of this old world for democracy.

And woe be to him who stands in their way, for he is sure to be dashed to the ground by the great wave of popular support that is going to be given them who have been to the front where the battles for human rights have been waged. Some of us are going to look mighty small when *they* come back—are going to look small to ourselves, to the general public and to them who have been over there. Those who are going to look next smallest of all are they who ought to go and will not even ask for commissions. The very smallest of all will be those who have asked for commissions and have received them, but are playing with them, holding back acceptances. And the infinitesimal smallest, who will not be seen at all because of their smallness, are the few, if any there be, who have commissions accepted, but have given no service under them.—*Tenn. Med. Jour.*

SOCIETY REPORTS—Continued.

Dr. Gilady, of Hackensack, spoke on the pathology of the disease.

Dr. C. F. Adams, of Hackensack, discussed it with special reference to the bacteriological findings and also mentioned some of the gross pathology.

Dr. J. F. Bell, of Englewood, expressed views on the general aspects of the epidemic and compared its clinical aspects with various manifestations occurring among his own patients in the epidemic of 1890. He expressed his convictions that the disease is caused by an ultra-microscopic organism.

Dr. F. S. Hallett, of Hackensack, spoke on the clinical manifestations and also described a number of the physical signs.

Others who discussed the subject from various view-points were Drs. A. W. Ward, Closter; J. S. Van Dyke Jr., Palisade Park; A. A. Swayze, Hackensack, and J. E. Pratt, Dumont.

The consensus of opinion seemed to be that the causative organism is yet to be discovered; that serums and vaccines both preventive and curative are in a purely experimental state, and the treatment chiefly to be relied upon at the present time must be hygienic and symptomatic rather than specific.

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

The regular October meeting of the Burlington County Medical Society was postponed because of the influenza epidemic. The next meeting of the society was held at the Opera House, Mount Holly, on Wednesday, November 6th, 1918, at 2 P. M.

Army Medical Officers from Camp Dix gave us the benefit of their experience with the recent epidemic at camp.

Major Solon Cameron, unable to be present, sent a paper, which was read by Lieut. Jenkins, and was very much appreciated by the society.

Major Martin J. Synnott read a paper on the epidemic of influenza at Camp Dix. Major Ely, Drs. DeVore, Hollingshead and others discussed the paper.

The manner in which the recent influenza and pneumonia epidemic was handled at Camp Dix formed the foundation for addresses that made an interesting session of the County Medical Society held in the Opera House. There were in all about 6000 cases from September 1st to October 13th, 806 admissions in one day. A broad range of symptoms were hard to classify—temperatures running high or low, even sub-normal at times myocarditis and septicemia, liquid and gas were present, mortality low.

The course of the disease, apparently mild at first, was very treacherous, not associated with any symptoms that might indicate the intensity or severity.

No specific treatment seemed to have greater value than the induction of symptomatic relief. Much reliance was placed on good nursing, good hygiene and fresh air.

MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter.

The Middlesex County Medical Society met in the Mansion House, New Brunswick, November 20, 1918, at 4.30 P. M. President E. A. Meacham of South Amboy in the chair. In

the absence of the secretary, Dr. W. H. McCormick, who is serving in the M. R. C., Dr. Brown was elected secretary pro tem.

This being the adjourned annual meeting, the following officers were elected for the ensuing year: President, Dr. Norman N. Forney, Milltown; vice-president, Dr. Lawrence P. Runyon, New Brunswick; treasurer, Dr. David C. English, New Brunswick; secretary, Dr. Charles J. Sullivan, New Brunswick; reporter, Dr. F. L. Brown, New Brunswick. Dr. Frank C. Henry, Perth Amboy, was nominated to the State Society for Permanent Delegate. Dr. D. C. English presented his report as treasurer, showing on hand Liberty Bonds, \$150, and cash, \$43.30; it was his 45th annual report. He also nominated five doctors for election as new members; their names were referred to the Committee on Ethics, to report next month.

Dr. Julius Levy of Newark made a very interesting and instructive illustrated address on "Child Hygiene," representing the work proposed by that department of the State Board of Health, of which he is superintendent.

Dr. English spoke very feelingly of the death of Dr. A. A. Strasser, chairman of the State Society's Committee on Publication; also of the death of Dr. Herman Gross of Metuchen, a member of the society. A committee was appointed to prepare a minute on Dr. Gross' death.

Dr. F. M. Donohue, New Brunswick, presented a specimen and report of a case he operated on the day before with history substantially as follows: Mrs. W., aged 50, married, had had five children. She noticed two years ago a slight flowing and a gradually enlarging abdomen; lately had some pressure symptoms referable to bladder and rectum. On examination there was found a tumor within the uterus extending up to the umbilicus. By vagina the mass was found to have protruded through the servix and into the vagina. An operation was advised. On section a sub-peritoneal fibroid at the top of uterus about as large as an orange was found; the rest of the mass was submucous. The broad ligaments were tied off and an incision was made through the uterus in front just above the bladder; a posterior incision was made through the uterus; this exposed the tumor within its capsule. The capsule was incised and by finger the tumor was shelled out from the uterus and from the lower part of the cervix without much bleeding. The inside of the capsule was touched with iodine; the anterior and posterior flaps whipped together and the abdomen sewed up without drainage.

The tumor weighed six pounds. The patient since had had no rise of temperature and is doing well.

UNION COUNTY.

Russell A. Shirrefs, M. D., Reporter.

The annual meeting of the Union County Medical Society was held at the Elizabeth General Hospital, October 9, 1918, at 8.30 P. M. Although the membership list contains 104 names, there was only a small attendance on account of the prevailing influenza epidemic. The treasurer reported a bank balance of \$250.98, in addition to \$150 in Liberty Bonds, and was authorized to purchase another \$100 bond. The following officers were elected for

the ensuing year: Dr. Jacob Reiner of Elizabeth, president; Dr. Ray T. Munger of Fanwood, vice-president; Dr. Irving Lerman of Elizabeth, secretary; Dr. George T. Banker of Elizabeth, treasurer.

Local Medical Societies.

Camden City Medical Society.

The regular meeting of the Camden City Medical Society was held Tuesday evening, November 5th, at 8.30 o'clock. Program: "Experiences of a Medical Officer in France," by Lieutenant J. W. Martindale, M. C., U. S. A. Dr. Martindale, who is the son of one of Camden's leading physicians, went abroad with the Johns Hopkins Unit, was wounded at Chateau Thierry and had many thrilling experiences to relate.

Medical Section Rutgers Club, New Brunswick.

F. M. Hoffman, M. D., Secretary.

Meeting of Medical Section of Rutgers Club called by Dr. A. L. Smith, president, November 23rd, 1918, at 8.45 P. M.

Dr. B. M. Howley read a very interesting paper. Subject. "Ocular manifestations of Constitutional Disease."

Discussion by Drs. Donohue, Smith, Sullivan, English and Saulsbury.

Two case records from the Massachusetts General Hospital were read and discussed by all.

There were eleven members present.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, November 29, 1918, at 8.30 P. M., Dr. Krauss entertaining and Dr. Hamill in the chair. Present: Drs. Bebout, English, Hamill, Jaquith Krauss, Lamson, Moister, Smalley, Wolfe, Tator and Falvello. Owing to lack of a quorum no regular business was acted on.

Dr. F. Irwin Krauss read the paper of the evening on the subject of "Hypertrophic Pyloric Stenosis in Infancy." He described the symptoms and emphasized the importance of making an early diagnosis, so that surgical treatment, if indicated, might be done before the child became too weak to stand the operation successfully. The mortality of operation depends upon the condition of the child at the time of the operation. Morphine or atropine are of some service in cases due to pyloric spasm, but are only temporarily useful in true stenosis.

American Public Health Association.

The annual meeting of this association will be held in Chicago, Ill., December 9 to 12, with headquarters in Hotel Morrison, every effort will be made to bring out all the available information regarding the management of epidemic influenza as its recurrence is feared next year from the fact that during the original influenza epidemic from 1890 to 1893, the disease was more severe in the second year than in the first.

Merry Christmas to All Our Readers

Special War Items.

Commissions Offered and Orders to Duty on Acceptance.

Members of the Medical Society of New Jersey.

Capt. Joseph V. Bergin, Paterson, to Fort Oglethorpe, for instruction.

Capt. William S. Branner, Hoboken, to Camp Dix, base hospital.

Lieut. John A. Connelly, Trenton, to Camp Meade, Md.

Lieut. Marcus A. Curry, Greystone Park, to Plattsburg Barracks, N. Y.

Capt. Owsley B. Duncan, Paterson, to Camp Meade, Md.

Lieut. Hesser B. McBride, Newark, to the Army Medical School.

Lieut. H. C. Munro, Pleasantville, to Camp Devens, Mass., base hospital.

Lieuts. George L. Johnson, Morristown; John J. Reason, Carteret; Joseph J. Smith and H. Roy Van Ness, Newark; William A. Wakeley, Orange, to Fort Oglethorpe for instruction.

Cpts. I. Kaufman and Saul M. Rubinow, Newark, to Fort Oglethorpe for instruction.

Capt. William W. MacAlister, Paterson, to Camp Meade, Md., base hospital.

Capt. Henry E. Matthews, Orange, to New Haven, Conn., Yale Army Laboratory School.

Capt. Anthony B. Russell, East Orange, to Mineola, N. Y., Hazelhurst Field.

Capt. James A. Wheeler, Jersey City, to Camp Dix, base hospital.

Lieut. J. R. Commorato, Jersey City, to Camp Dix, base hospital.

Capt. Theodore Senseman, Atlantic City; Lieuts. George W. Finke, Hackensack; Aldo B. Coultas, Madison; John B. Casale, Henry B. Epstein, Edgar A. Ill, Newark; Theo. T. Bender, Paterson, and Frank G. Clark, White House Station, to Fort Oglethorpe, for instruction.

Major John J. Proderick, Jersey City, to New York Neurological Institute, for instruction.

Orders to Officers of Medical Corps, U. S. A.

Capt. Thomas Alsop, Atlantic City, to Camp Travis, Texas, to examine for cardiovascular diseases.

Capt. Nerman W. Currie, Plainfield, to Camp Zachary Taylor, Ky., base hospital.

Capt. Warren J. Duckett, Jersey City, to Hospital, N. Y., for instruction.

Capt. Joseph L. Fewsmith, Newark, to Camp Custer, Mich.

Capt. Frederick A. Finn, Jersey City, to Camp Wheeler, Ga.

Lieut. James H. Lowry, Newark, to Camp Custer, Mich.

Major Edward B. Rogers, Collingswood;

Capt. R. D. Schimmelpfennig, Montclair, and

Lieut. H. H. Bowles, Summit, to Camp Crane, Pa., base hospital.

Lieut. Charles B. Russell, Paterson, to Camp Sevier, S. C., base hospital.

Cpts. Norman W. Currie, Plainfield; Filbert R. Corson, Atlantic City; Joseph H. Oram, Paterson; Lieuts. Ralph J. Vreeland, Clifton, and John Willis, Jersey City, to Camp Crane, Pa.

Capt. C. J. Hailperin, Newark, to Camp Dix, N. J.

Capt. Albert S. Harden, Newark, to Colonia, N. J., for instruction.

Capt. George E. Harhen, Newark, to Camp Zachary Taylor, Ky., as tuberculosis examiner.

Capt. Francis R. Haussling, Newark, and Lieut. Martin H. Stein, Elizabeth, to Camp Upton, N. Y., base hospital.

Capt. Aaron Nelson, Jersey City, to Camp Wadsworth, S. C., base hospital.

Capt. Guy Payne, Cedar Grove, to Camp Humphreys, Va., to examine drafted men for nervous and mental diseases.

Lieut. Thomas H. Platt, Dunellen, to Camp Sheridan, Ala.

Lieut. Theron Smith, Sea Isle City, to Camp Joseph E. Johnston, Fla., base hospital.

Major Martin J. Synnott, Montclair, to Fort Ethan Allen, Vt., base hospital.

Lieut. Abraham Urewitz, West Hoboken, to Camp Wheeler, Ga., base hospital.

Capt. P. C. Washburn, Cape May, to Camp Shelby, Miss., to examine drafted men for nervous and mental diseases.

No More Physicians to be Commissioned in the M. R. C.

At ten o'clock on the morning of November 11th, the War Department discontinued the commissioning of physicians in the Medical Corps. This condition, in all probability, is permanent and no further consideration will be given applicants for a commission in the Medical Corps until further notice.

Red Cross Needs More Nurses.

The American Red Cross will need more than 9,000 nurses in addition to those already enrolled, before January 1, according to a report made by the Red Cross War Council. More than 30,000 Red Cross nurses are already enrolled, 17,000 of whom are overseas.

Red Cross Establishes New Activity.

Among its other activities the American Red Cross in France has established a Bureau of Medical Research and Intelligence Department, of which Lieut.-Col. Alexander Lambert is the chief. The divisions of the bureau are: Medical Library, Medical Publications, Medical Research, and Medical Intelligence Bureau. The Department undertakes to supply the field, camp, and evacuation hospitals with medical books and journals and also to reply to individual requests as to the most recent developments in war medicine and surgery. Major Thomas H. Halsted is chief of the Medical Intelligence Bureau, which is occupied especially with looking up literature, reports of commissions, etc. It responds at once to all requests for information on medical and allied subjects asked for by any medical member of the American Expeditionary Forces or the Red Cross. An index is kept of all articles relating to War Medicine and Surgery, and also abstracts of the more important ones. Dr. Emil Mayer has been appointed representative of the United States for this Bureau.

Capt. Pickrell, U. S. Navy, says that in the Fourth Naval District there were 15,000 men; that of these, 3,305 have had influenza—twenty-two per cent.; of these 3,305 cases, fifteen per cent. had pneumonia; and of these cases of

pneumonia thirty-one per cent. died, the average mortality being 5 per cent.

Influenza in the Camps.

Spanish influenza still holds sway at Camp Devens, Ayer, Mass., with a total of 10,789 cases recorded up to Sept. 26. The total for the army, according to the latest figures published, showed 22,972 cases. Army and public health service doctors were still struggling hard with the problem of combatting successfully the spread of this trouble. They point out that there should be no undue alarm on the part of the public, as the best of care is being given all cases, and comparatively few develop into fatal pneumonia. The public health service points out that the disease has been epidemic in Europe the past year, as it was in 1889-90, and intermittently for centuries past. It is in reality a severe variety of grip.

Camp Dix, in this State, is second in point of seriousness, with 1,897 cases up to Sept. 25, with 46 deaths. It has made its appearance in at least twenty-five army camps over the country.

Mortality of the American Wounded.—The experience derived from four years of the war on the western front is very satisfactory from the point of view of the results of the casualties. It has been estimated that less than one in twenty of wounded soldiers die; that of all soldiers sent into hospital only forty-five in every 1,000 die, inclusive of those who die of disease as well as those who succumb to wounds. The number of sick and wounded landed in the United States from the American Expeditionary Forces during the month of October was 2,134.

Loss to the Army from Venereal Disease.—From the beginning of the war to September of this year venereal disease lost for the United States Army 2,300,000 working days. This statement is made by Lieutenant-Colonel William F. Snow, head of the Social Hygiene Division of the War Department Commission on Training Camp Activities. The loss, figured in another way, amounted to the total incapacity of 6,300 soldiers for an entire year. Army statistics indicate that each case of gonorrhea means a loss to the army of a soldier's services for 9.53 days. The total loss from this disease was 1,486,680 days. For each case of syphilis a loss of one soldier's time for 20.75 days is figured—a total loss of 550,250 days having been charged against this disease. Each case of chancroid results in a loss of 11.69 days, and the total loss from this cause was 258,230 days. It is estimated that five-sixths of this burden was brought into the army by men already infected at the time they first arrived at camp.

American Sick and Wounded Brought Home.

A report from Tours, France, states that the American Expeditionary Forces will have all sick, wounded and convalescent American soldiers back in the United States within two months. The number of hospitals has been considerably reduced already by the medical corps. In the daily census of hospitals there are now 100,000 vacant beds.

Accommodations for Fifty Thousand Sick Soldiers.—The Hospital Division of the Surgeon General's office has announced that during the past month hospital facilities have been secured for 19,200 additional patients, bringing the total facilities outside of camps and cantonments up to 50,000, or about one-third of the number which it is estimated will be needed during the next eighteen months. Wherever possible hospitals and other buildings already erected and partially equipped will be obtained so as to accelerate and facilitate the work. Nine buildings in the Exposition Park at Rochester, N. Y., have been accepted by the government rent free. The Westchester Almshouse has been obtained as a general hospital and will accommodate 2,000 patients. The army will also take over North Brother Island now owned by the city of New York and will accommodate 1,500 patients.

A United States Naval Hospital in England.

In a recent issue of the Saturday Evening Post, Samuel G. Blythe tells of one of two hospitals maintained by the United States Navy on the coast of Great Britain, as follows:

"The hospital that was in operation when I was there is domiciled in a summer and health resort in the hills, and has taken over two or three big hotels, remodeling them into complete and well equipped hospitals. This hospital is in executive charge of a naval medical officer of the regular service, and it is staffed by a hospital unit recruited in California. It has accommodations for a large number of patients, and all its equipment is of the latest scientific and sanitary sort, all brought from the United States.

"The doctor in charge of the hospital work is a famous Californian and his assistants are all men of high attainments. The place is equipped for all contingencies, from casualties arising from engagements at sea to the ordinary diseases. It has many specialized wards and many specialists. Its operating rooms are the equal of any in the most modern hospitals at home, and its nursing staff is ample and competent."

Medical Veterans of the World's War.

There has been incorporated in the District of Columbia an organization to be known as the Medical Veterans of the World's War, and on Nov. 15, 1918, the following was recorded:

Certificate of Incorporation.

Know all men by these presents, that we, the undersigned, all of whom are citizens of the United States, and a majority of whom are residents of the District of Columbia, desiring to associate ourselves together to form an association under the provisions of the Code of Law for the District of Columbia, enacted by Congress and approved by the President of the United States, hereby certify that,

First: The name of the association shall be Medical Veterans of the World War.

Second: The term for which it is organized shall be perpetual.

Third: The particular business, objects and purpose of the association are: To perpetuate fellowship, prepare history, secure co-operation for the mutual benefit of the medical men who served in the War of Nations, 1914-1918, and

for the mutual improvement of social intercourse of its members.

Fourth: The number of trustees who shall manage the affairs of the association for the first year of its existence, and until otherwise provided, shall be seven, who shall be the incorporators named below; and nothing herein contained shall prevent the association in increasing the number of trustees for any subsequent year of its existence.

In witness whereof we, Frederick F. Russell, Edward R. Stitt, James C. Perry, James S. Easby-Smith, Victor C. Vaughan, William J. Mayo and Hubert Work, have hereunto subscribed our names and affixed our seals this fifteenth of November, A. D. 1918.

The above named incorporators represent respectively the following departments and civilian organizations: The Surgeon General of the Army; the Surgeon General of the Navy; the Surgeon General of the Public Health Service; the Provost Marshal General; the Association of Military Surgeons; the American College of Surgeons, and the American Medical Association.

It is proposed that the membership of the Medical Veterans of the World's War shall include (a) all medical officers who have served in the Medical Corps of the U. S. Army, the U. S. Navy, and the U. S. Public Health Service; (b) all physicians who have been officially appointed by the President, Provost Marshal General, or the governors of States, and who have served as members of or medical examiners on Local, Medical Advisory and District Boards.

A temporary organization has been effected, and a committee appointed to draft a constitution and by-laws.

Gift of Ambulance to Camp Dix.

The officers of the State Council of the Daughters of America plan to give a \$3,500 ambulance for use at Camp Dix, with the approval of Major General Scott. Subscriptions are being solicited from every council in New Jersey by State Councilor Dixon.

Our Absent Doctors and Their Work.

A month of somewhat intimate life with doctors who have given up practices, home comforts, severed home ties and friends and are working harder than they worked at home, submitting to regulations and orders and living in rough barracks evinces our profound respect and admiration. A nobler, better lot of men does not exist. When they come home, and they all have that secret desire, they will be inspired with a new zeal and to them there will be justly attributed a respect and honor that will enable them to resume where they left their work, better men, leaders in their communities.

When in the vicinity of any Base Hospital ascertain the nights when staff meetings are held. They usually occur on two or three evenings a week. A series of extremely interesting cases are presented each night followed by live discussions. The men responding to the draft call and coming from every station of social life produce a wonderful variety of clinical material. You may be assured that the staffs of army hospitals are alert and are profiting by

their study of large groups of cases and recording their medical and surgical experiences.

When these men, who participate in these meetings, return home they are going to put new life in our County Society meetings.

We learn of some seven hundred herniotomies with but six cases of superficial infections. A month's operative record of 524 cases of major surgical procedures without a fatality. Similar results in other branches of our profession tell of the splendid medical and surgical care that is given to our soldiers. Never have these men experienced such scientific care and attention. Their folks at home need have no worry in regard to their soldier boys in that, yes or any other respect. Camp life is wholesome and moral.—Mich. State Journal.

War Safer Than Peace.

Great as the danger and large as the losses in the aggregate, the individual soldier has plenty of chances of coming out of the war unscratched, or at least not badly injured.

Based on the mortality statistics of the allied armies, the Bureau of Information at Washington has figured out that a soldier's chances are as follows:

Twenty-nine chances of coming home to one chance of being killed.

Forty-nine chances of recovering from wounds to one chance of dying from them.

One chance in 500 of losing a limb.

Will live five years longer because of physical training, is freer from disease in the army than in civil life, and has better medical care at the front than at home.

In other wars from 10 to 15 men died from disease to 1 from bullets; in this war 1 man dies from disease to every ten from bullets.

For those of our fighting men who do not escape scatheless, the government under the soldier and sailor insurance law gives protection to the wounded and their dependents and to the families and dependents of those who make the supreme sacrifice for their country.—Exchange.

Our Surgeons and Nurses Abroad.

Surgeon-General M. W. Ireland gives highest praise to the surgeons, the nurses, and the combatant forces of America. "No army of any nation in the world has ever had better doctors and surgeons in its personnel than have the American Expeditionary Forces overseas," said General Ireland. He also said, "Too much cannot be said of the women doctors and nurses doing their work of self-sacrifice among the wounded. They are of the highest standard and the people should understand that they must be of high standard because of the sacrifices they must endure. One of the things which most impressed me was the arrival of fresh contingents of American soldiers from the United States. These men, every one of them, the draft men as well as the regulars, when they set their feet on French soil seem to lose all thought of selfishness. They all expressed themselves as having come over there to win the war and lost all sight of their individuality. The morale among these men was fine. The wounded never complain and everybody is optimistic. We have the finest body of men in France that ever lived anywhere."

Miscellaneous Items.

It is not the greatness of a man's means that makes him independent, so much as the smallness of his wants.—Cobbett.

Mortality of Physicians in the United States.—During the year 1917, 2,300 deaths occurred among the 160,000 physicians of the U. S. and Canada, a rate of 14.37 per 1,000.

The Medical Review of Reviews announces that it has just purchased the third oldest medical journal in America—the Buffalo Medical Journal—founded seventy-four years ago by Dr. Austin Flint, and published regularly ever since. It will be greatly increased in size beginning with the January 1919 issue, without increase of subscription price.

\$40,000,000 to Charity.—According to the terms of the will of the late Mrs. Russell Sage, approximately \$40,000,000 will be divided among thirty-six religious, educational, and charitable institutions, in sums ranging from \$10,000 to \$200,000. Among the specific bequests to charitable institutions are the following: Woman's Hospital in the State of New York, \$50,000; Charity Organization Society of New York, \$20,000; New York Institution for the Deaf and Dumb, \$25,000; Servants of Relief for Incurable Cancer, \$25,000; Mount Sinai Hospital, \$100,000. The residuary estate is to be divided into fifty-two equal parts, each of which will amount to approximately \$800,000. Of this the Russell Sage Foundation will receive seven parts; Woman's Hospital in the State of New York, two parts; Children's Aid Society, two parts; Charity Organization Society, two parts; New York Infirmary for Women and Children, Presbyterian Hospital, and State Charities Aid Association, each one part.

Remember the Doctor!

From the Newark Evening News.

The busiest man in this or any other community to-day is the doctor—any doctor. He is going hard, day and night, to succor and to save. He is harried, hurried, hunted by the weight of his increasing burden and his great responsibility. Probably he is snatching insufficient sustenance as he runs, literally, from house to house and patient to patient, and getting most of what little sleep he can in his clothes, and even in his car, if he is fortunate enough to have a driver.

The doctor isn't immune to exhaustion, nor even to germs. In many communities that are in the grasp of the present epidemic doctors have given their lives as victims of the disease they are all fighting, and many more have broken down under the steady, growing strain of the demands upon them. Office hours have ceased to exist.

Remember the doctor! You can help him—materially. Whether your ailment suggests influenza or mumps, consumption or croup, try to synchronize your need with his necessity. He leaves his home in the morning, and he's gone, nowadays, most if not all of the day. He comes home at night, hoping, perhaps, for a quiet half hour and a hot dinner. If he finds

calls piled up on his desk-pad awaiting him, he'll take a sandwich and depart again, to answer them.

Perhaps your call is among these belated ones. Perhaps you were taken ill that morning, or the day before, and you've put off calling him till the last minute, so that he was absent when you called. You could just as well—better, even—have called him early, and he may have passed your house on his morning round. Both he and you have lost time—time that might have shortened your illness or saved your life, and that certainly would have been valuable to him and to his continued ability to serve you.

This is a time when the doctor is more important than you are, even to yourself. He is a scarce article, with so many of him away at the war, and he has to be spread more thinly than usually over a much larger area. His ability to keep going may mean the lives of many, certainly involves the comfort of a multitude. Use him sparingly, not failing to call him when you need him, but calling him at once when you know you need him, and not putting off the finding out until the eleventh hour.

Remember the doctor—for his sake, and others!

Health Insurance.

From the Maine Med. Jour.

Do not turn away from this because you are sick of the topic, but give it your attention and learn that we are glad to note in the January number of the New Jersey Medical Journal continued opposition to health insurance, and that we are glad of such an opportunity to continue to urge upon every member of our association careful study of this important question of public health. It cannot be too often insisted upon, and urged upon the attention of our members, that if we just sit back and object to its introduction into Maine, we are bound to be burdened with it in all its bad provisions, sooner or later. Therefore, in self defense, it is our business to discover a plan that shall be better for the people than any form of health insurance yet devised, and cheaper and more satisfactory for the State.

The question of its effect upon the profession is, of course, primary and all important, and absolutely essential in our eyes, but no arguments to that effect will be of any value in the eyes of politicians merely looking for votes. We must insist first, last and constantly upon this fact, that in our time the people of Maine are getting good medical service at hospitals, dispensaries, infirmaries and in the offices of physicians. If they are getting good service, at a fair price, and one which they are largely able to pay, is there any use of trying an experiment with the money of those very people who are satisfied, and with the money of the State and with that of the insurance corporations, just to see if they will get any better service? That is the point of view which we must hold before our legislators primarily. After that we can proceed to suggest that physicians will, as mere human people, do better work when they can do it in their own way and without the supervision of any officials, medical or political. A supervised physician will be hampered in his work

just as a supervised lawyer or farmer or clergyman or merchant would be hampered in his.

Referring, again, to the Journal from New Jersey we note, as grateful contributions to the study of health insurance, the following suggestions made by their committee at the last annual meeting. They objected that as physicians under the proposed law would get no more than \$2,000 a year, and many less, no well qualified men would take office. Nor should the laboring classes be thus imposed upon, by insuring them at a sum which would, on the whole, be much more yearly than they now pay for good medical services. Many corporations are now paying for the services of good physicians and skilled trained nurses, and to throw them all out of employment by any health insurance law would cause worse conditions of health than now prevail. It was urged that any law of this sort should insist on free choice of physicians, and if the patient were sent into a hospital, that freely chosen physicians should attend to the patient there. If the law came into effect, it should contain a proviso that the list of physicians to be employed should be subject to examination by the State Medical Association, to keep out incompetents and men unskilled, and that the salaries should be of the average of the average physician of to-day. So, too, the medical profession ought to be largely represented on the governing board if the law is passed. This committee was of the opinion that health insurance, if at all prevailing, should be national, and advised to the New Jersey State Medical Association a permanent committee to study the proposed law, and to hire a secretary at a reasonable sum to collect all possible references and statistics, in order that the association could act intelligently when the proper time for interference, opposition or suggestive legislation should arrive.—J. A. S.

A Side Light on Health Insurance.

By Henry L. Winter, M. D., chairman of the N. Y. Medical Society Committee on Medical Economics, published in the May Journal of the Society.

Investigation of the various conditions which bear in any way upon Social Insurance develop many interesting side lights. The most important of these appeared while studying the conditions of medical practice. It develops the very pertinent query, "Where are the doctors to come from who will accept employment under compulsory health insurance legislation?"

Before the war called a large number of physicians to the colors there were only about 75 per cent. of the adequate number of physicians, outside of the large cities, in the State of New York. Federal service has decreased this number for an uncertain period. In the large cities this shortage of physicians did not obtain, but the percentage of inefficient men was greater so that it might be reasonable to estimate that the large cities contained approximately the same proportion of competent physicians. For the past ten years the number of physicians registering annually in the United States has progressively decreased. In 1906, 7,865 physicians were registered in those states which required registering for admission to

practice, while only 5,432 were registered in 1917. During this period the population of the United States increased about 20 per cent.

There is, therefore, no indication that the shortage of physicians is likely to be overcome. A survey of two up-state counties showed that only 17 men out of 237 who were in active general practice were not overworked. These 17 men were incompetent or for some other reason were unable to give satisfactory service. None of the competent men would consider accepting employment under health insurance legislation, and all of them would welcome release from part of their work. The seventeen would possibly be willing to accept work under any conditions.

These conditions probably do not exist throughout the United States, but if we consider that 635 men out of the whole number (5,432) who registered last year, registered in New York State, the proportion is reasonably well maintained.

Impasse: Any health insurance legislation must fail for lack of physicians to operate it. This is the negative side of the situation.

There is a reverse, or positive, side. The medical profession, more than any other group, realizes that certain conditions exist to which remedial measures must be applied, both for the good of the public health and the establishment of desirable social conditions. If the remedy is health insurance it is a totally different kind of health insurance than has so far been offered.

The conditions of ill health and its causative factors can be best met by the medical profession. It is folly for economists to attempt to formulate acts to meet conditions with which they have the merest surface acquaintance. It is just as foolish for national or State medical societies to attempt to co-operate with groups of economists or labor leaders, accepting as a foundation for their edifice the theories of those partially informed groups. Social insurance is too far reaching in its influences and possibilities for harm to be applied to a great state for the purpose of proving or disproving the theories of a group of men who merely expect that they can apply European methods to American conditions. The co-operation will have to be reversed. If conditions are to be adequately met it will have to be by plans founded upon knowledge possessed by the medical profession, and co-operated in by economists and labor leaders.

Some Benefits of Vivisection.

Extracts from an editorial in the California State Journal of Medicine, April, 1918:

Those who have given little or no attention to the subject may be interested in a brief resume of some steps of progress that have been made by vivisectionists through the use of vivisection upon lower animals. Experiments on animals—the great majority of which escape physical suffering when experimented upon—have benefited human beings by leading to:

"The discovery and development of the antiseptic and, later, the aseptic method and thus the splendid results of modern surgery, and not only reducing the mortality but making comparatively safe operations on the stomach, intestines, appendix, liver, pancreas, spleen, kid-

neys and bladder; and the modern surgery of the brain, which has shown such beneficial results; and has enabled surgeons to operate with fair success and diminishing mortality upon the organs of the chest. The almost total abolition of lockjaw after operations and accidents, and the reduction of the mortality after compound (open) fractures from 66 per cent. to less than 1 per cent.; while the mortality after ovariectomy has been reduced from 66 per cent. to less than 4 per cent., and the death rate of hydrophobia has been reduced from 12 per cent. of the persons bitten to less than 1 per cent.; and the death rate of the epidemic form of cerebro-spinal meningitis has been reduced from 75 per cent.—and sometimes 90 per cent.—to less than 20 per cent.

"Reduction of the death rate of tuberculosis by more than 30 per cent., and reduction of the cases and spread of tuberculosis, for Robert Koch's discovery of the tubercle bacillus is the cornerstone of our modern sanitary achievements. Thus, but for experiments upon animals, we would still be in the dark ages of sanitation. Abolition of yellow fever, which no longer than thirty years ago was the dread and often the scourge of our Gulf and lower Atlantic States; and such diminution of the ravages of malaria that its abolition in this country is only a matter of time, and without the knowledge thus gained the death rate in the Canal Zone during the construction of the Panama Canal would have been enormous, while actually it was less than in the most healthy parts of this country. Reduction of the death rate in diphtheria in all parts of the civilized world. In 1894, when the antitoxin treatment of diphtheria was begun, the mortality from the disease was 79.9 deaths per 100,000 of population, and by 1905 the death rate was only 19 per 100,000—or less than one-quarter of the mortality before the introduction of antitoxin.

"Almost total abolition of childbed fever, once the great peril of maternity, and reduction of the mortality from the disease, from five or ten and sometimes even twenty deaths in 100 mothers to one in 1,250 mothers. Discovery of anti-typhoid vaccine, which has practically abolished typhoid fever in army camps. The marvelous results achieved by Dr. Carrel and other surgeons in the treatment of wounded men on the battle fronts of Europe, as direct results of vivisection experiments upon lower animals. Legs and arms are saved now that surgeons did not dream of trying to save in our Civil War, or even in the Franco-Prussian war, and lives are saved now that could not have been saved then."

We have made no attempt in the foregoing to give a complete list of the benefits of vivisection. It is no exaggeration to say that the field of future experimentation is as large in every direction as the field of past accomplishment, for there is constant progress; and in no department of medicine can it be said that further progress is impossible. * * * *

Some years ago the late S. Weir Mitchell visited the Anti-Vivisection Exhibition in Philadelphia, and after viewing the exhibits said to his guide: "Your exhibition is not quite complete. You should place here a dead baby and there a dead guinea pig with the motto, 'Choose Between Them.'"

Therapeutic Notes.

A Good Corn Cure.

Resorcini:

Acidi salicylic, aa gr. xv.

Acidi lactici:

Collodii flex, aa ʒiiss.

Apply to corn after bathing foot in hot water. This is to be renewed for five or six nights in succession. The foot is then well soaked in hot water, and the collodion lifted off bringing the corn away with it.—W. J. Robinson.

Inflammatory Dermatoses.

For use in the treatment of ordinary or trichophytic sycosis, trichophytic affections of the skin, impetigo, impetiginous eczema, and infectious dermatitis, the following ointment is strongly recommended:

Iodine, 1 gram.

Xylol, 10 grams.

Vaseline, 100 grams.

The iodine is dissolved in the xylol, and the solution mixed with the vaseline to form an ointment. The preparation is particularly valuable in the treatment of infections of the beard and scalp. It can be continued for several days in succession, with occasional intermission, when a milder cream or ointment is applied.—Louis Bovy (Le Progres Med).

Persistent Cough.

Physicians are called upon during this season to prescribe a remedy to relieve the persistent cough of bronchitis.

The following prescription is being used with success in treating affections of the respiratory organs:

Codeine, grains iv.

Iodotone, ounces iv.

Misce et Signa—one teaspoonful in water 3 or 4 times a day.

Iodotone is the ideal form of iodine for oral use. It is a standardized glycerole of hydrogen iodide, each fluid dram representing one grain of iodine.

Night sweats.

Profuse nocturnal sweating is often observed in debilitated individuals. Tonics, such as iron, quinine and strychnine are indicated. Atropine 1/200 to 1/100 grain hypodermically or 1/60 to 1/20 grain by the mouth has been found useful when given about 1 hour before the usual time of beginning of sweating.

The following formula is good:

Zinc oxid, gr. xxx.

Extract of belladonna, gr. iii.

Make into 10 pills. Give 1 pill before going to bed.

Camphoric acid given dry on the tongue, not over 2 hours before the expected sweating, is considered one of the very best remedies. The dose is 10 to 30 grains. Agaric acid in ½ gr. doses at bedtime is usually effective. Naphthol in a 5 per cent. alcoholic solution is used locally. Sponging at bedtime with dilute vinegar or alcohol is also quite efficient.—W. J. R.

Diphtheritic Croup—Desperate cases of diphtheritic croup, it is claimed, have been cured with oil of eucalyptus and oil of turpentine,

equal parts, mixed, and the throat sprayed with the mixture every half hour.—Medical Summary.

Graves' Disease—Dr. H. H. Hoppe, in *Journal of Nervous and Mental Disease*, recommends, in addition to ordinary routine treatment, hygienic measures and partial rest, the administration of extract of corpus luteum, 0.12, with quinine hydrobromide, 0.12, and extract of belladonna, 0.006, per dose. Nearly all patients require the extract of corpus luteum continuously—some once a day, others two or three times a day. As long as this is done he believes that the patient will be improved and can be kept in a fairly normal state.

Lingual Tonsillitis.—Dr. Greenfield Sluder, in the *American Journal of the Medical Sciences*, says that the treatment of lingual tonsillitis in the acute follicular stage is like that for the faucial tonsils under like conditions. For the subacute or chronic state, with or without enlargement, nothing has been so satisfactory as applications of a small amount of silver nitrate saturated in fifty per cent. glycerin. Salicylic acid saturated in ninety-five per cent. alcohol is helpful and does not taste so unpleasant.

Suppuration of the Middle Ear.—Dr. J. Clarence Keeler, in the *Pennsylvania State Med. Jour.*, points out that, during this treatment, it is of supreme importance for the patient to rest in bed. A brisk cathartic of calomel should be given. In the early stage of a mild form, accompanied by moderate pain, douching the external auditory canal with hot saline solution, 105 degrees F., will afford relief; where the pain is severe, opiates may be given. No oily preparations should be used. Leeching is also condemned because it is unsanitary and presents grave danger of transmitting serious infection. The drum membrane may be anesthetized by applying a solution of equal parts of menthol and cocaine. A pledget of cotton is saturated with this mixture and carefully placed in apposition with the inflamed bulging drum; the tampon is removed in ten minutes and the membrane incised. A mild suction pump is employed to draw the inflammatory exudate from the tympanum, and the auditory canal is irrigated with one of the antiseptic solutions, and a piece of plain sterilized gauze is placed in the canal to facilitate drainage.

Syphilis of the Stomach.—Dr. Louis R. Kaufman, in *International Jour. of Surgery*, gives as the treatment of this condition the treatment of syphilis in general—salvarsan, mercury, and potassium iodide. The lesions are hard to reach and treatment must be persisted in. Relief from gastric symptoms is brought about rather quickly in specific cases. Surgical treatment may be necessary, gastroenterostomy being the operation of choice.

Rapid Cure of Scarletina.—Dr. Cesare Mangitta, in *Giornal di Medicina Militaire*, describes his treatment of scarlet fever with a combination of chlorophenol with quinine and camphor. Two injections are sufficient in a case of moderate severity, twelve to twenty-four hours apart, given preferably intramuscu-

larly in the gluteal region. Every feature of the disease is ameliorated and the course aborted. Mangitta considers that this method changes the treatment of scarlet fever from a passive to a markedly active one, and reports in detail seven cases to support his assertions. A marked feature of this method is the almost immediate subjective feeling of well-being, with a rapid drop in temperature.

For Relief of Broken Sleep.

Dr. Guthrie Rankin in the British Medical Journal, calls attention to the importance of this condition in these strenuous times, especially among those of middle age, and urges the desirability of aiding them to secure their needed rest by hygienic and drug treatment. In addition to the general hygiene of the bedroom and the use of light, but warm covering, including bed socks where necessary, the person should be encouraged to engage in no serious work after his evening meal, but to play some game or read some entertaining, light book before going to bed. He should also secure some out-door exercise daily. If there is some constipation this should be relieved by abdominal massage in the morning warm bath, by the daily use of a tablespoonful of liquid petrolatum before breakfast, and the use once or twice weekly of the following pill:

Hydrargyri chlordi, mitis, 0.065.

Extract colchici, 0.02.

Extracti rhei, or

Extracti colocynthis, 0.18.

This pill is designed to promote the efficiency of the liver. Gastro-intestinal fermentation should be prevented by periodical courses of the following capsule, taken morning and afternoon for about two weeks:

Carbonis,	} aa, gr. iij.
Betanaphtholis,	
Fellis bovis,	
Guaiaci,	

The evening meal should be light and consist of a cup of clear consomme, fish, chicken, or eggs, green vegetables as a puree, omelet, custard, or junket. A glass of light claret, Moselle, or Chablis often promotes digestion. A useful nightcap after getting into bed is one of the following: An ounce of brandy or whiskey in hot milk, Benger's food, or arrowroot. If it is not possible to do without hypnotics under such a regimen, they should be employed, and whatever one is chosen, it should be given for three or four nights in succession to break the sleepless habit. The bromides are the simplest and should be given in doses of two grams (thirty grains); if that is not enough 0.6 gram (ten grains) of chloral hydrate may be added. This dose should be given half an hour before bed time and can be repeated safely in two hours if necessary. Other useful hypnotics with their suitable doses include: Chloralamide, two grams (thirty grains); chloralose, 0.4 gram (six grains); medinal, 0.5 gram (seven grains); adalin or bromural, 0.6 gram (ten grains); trional or chloretone, one gram (fifteen grains); and sulphonal, 1.3 gram (thirty grains). Paraldehyde is of value, but its disagreeable odor and taste make it less suitable than the others. At times it may be necessary to give a few doses of morphine, fifteen milligrams (one-quarter grain), with atropine. A combination of two of the hyp-

notics is often more efficacious than one singly and the following are specially suitable: trional, one gram (fifteen grains), with codeine, 0.03 gram (one-half grain); chloralamide, 1.5 gram (twenty grains), with potassium bromide, two grams (thirty grains); aspirin, 0.6 gram (ten grains), with Dover's powder, 0.5 gram (seven grains); bromural, 0.6 gram, with morphine, ten mgm. (one-sixth grain); and zinc valerate, 0.3 gram (five grains), with heroin, eight mgm. (one-eighth grain).

Hospitals; Sanatorium.

At the Essex County Hospital at Overbrook, there were reported October 20, eighty-five cases. Dr. Guy Payne, the medical director, was ill with the disease, but is recovering. Dr. Gerard Le Bret, one of his assistants, was attacked with it, contracted pneumonia and died. Several of the inmates developed pneumonia, but the mortality has not been great.

All Souls' Hospital, Morristown.

Housecleaning at All Souls' Hospital has been completed, following the influenza epidemic, and the hospital is ready to receive surgical and general cases. During the epidemic the hospital received about 200 cases, nearly all of them of pneumonia. Of these thirty-nine were moribund at admission and died within twenty-four hours. During the epidemic not a nurse or a sister contracted the disease and all were able to give service at all times.

Christ Hospital, Jersey City.

This hospital has been selected by Surgeon-General Gorgas of the United States Army as one of the hospitals which will care for wounded American soldiers returning from France, is preparing to receive men who are expected soon, it was announced. It is thought likely that the hospital's orthopedic surgery department, of which Dr. H. J. Bogardus is director, will aid army physicians in reconstruction work among the wounded men. Christ Hospital has already cared for seventy-five soldiers transferred from the Embarkation Hospital in Hoboken. To provide quarters for these men the hospital vacated the men's ward and pneumonia ward and turned over to their use the sun parlors formerly used by private patients.

The ten days' campaign to raise \$200,000 for this hospital, which was originally planned to begin last month, has been postponed until the first week in February.

State Hospital, Morris Plains.

Dr. B. D. Evans, superintendent, announced that the hospital would be closed to visitors Thanksgiving Day, as the influenza quarantine was still in force as a preventive measure.

St. Barnabas Hospital, Newark.

Showing that the increased cost of supplies and the augmented work of the past year has extended the field of service and made a greater income necessary the Hospital of St. Barnabas has issued an appeal for funds. During the year 1,700 persons were treated in the hospital and 9,000 outside cases received treatment.

The appeal, which is signed by Bishop Lines, president of the hospital's board of trustees, and Thomas W. Jackson, the treasurer.

Muhlenberg Hospital, Plainfield.

The board of governors of Muhlenberg Hospital, to whom Albert C. Stebbins bequeathed his real and personal property, announced recently that the sale of the property, including a dwelling in West Seventh street, netted \$18,000. The residue, amounting to \$200,000, was also left to the hospital, under the terms of which the institution will receive the interest.

Presbyterian Hospital, Newark.

The commencement exercises of the Training School for Nurses of this hospital were held November 22, when five nurses graduated.

State Hospital, Trenton.

Dr. Louis R. Brown, one of the assistant physicians at the Connecticut Hospital for the Insane at Middletown, has been appointed first assistant physician at the State Hospital at Trenton.

Hospital for Lambertville.

The will of the late Edgar T. Phillips of Lambertville, who died in October, is now known to have provided for the establishment of a general hospital for the city. After a number of bequests to the family and small sums to the free library and Presbyterian Church, Mr. Phillips ordered that the remainder of his estate, likely to approximate \$150,000, is to be used by his mother until her death and then devoted to the establishment and maintenance of the hospital. A board of trustees consisting of physicians and business men was appointed.

Burlington County Hospital Offered for Camp Dix Victims.

In response to a request from Commissioner Burdette G. Lewis of the Department of Charities and Corrections, the Board of Freeholders of Burlington County has authorized the use of the County Hospital for the Insane at New Lisbon for the care and treatment of Camp Dix soldiers suffering from influenza. The matter has been placed in the hands of a committee of the freeholders with power to act. There are at present only 160 patients in the Burlington County Hospital, which is both a large and a modern institution. Mr. Lewis has ascertained that these patients can be accommodated temporarily in the State hospital in this city, thereby placing the Burlington hospital at the disposal of the military authorities.

Bonnie Burn Sanatorium.

Dr. J. H. Runnells, superintendent, reports as follows: On October 1 there were 179 patients present in the sanatorium, 99 males and 80 females. During the month 20 patients were admitted, 12 males and 8 females. Among those are six re-admissions. The admissions are classified as follows: Pre-tubercular (pre-ventorium), 1; incipient, 3; moderately advanced, 4; far advanced, 11; bone tubercular, 1.

The largest number of patients present at any time during the month has been 181—smallest number 174. Patients present Oct. 31, 1918, 180.

Deaths.

DI MATTEO.—In Newark, N. J., October 14, 1918, Dr. Francis R. Di Matteo, aged 41 years. Dr. Di Matteo graduated from the Baltimore Medical College in 1903. He was a member of the Essex County and the State Medical societies and of the American Medical Association.

FORD.—At Loomis, N. Y., November 22, 1918, Dr. James S. Ford, formerly of Newark, N. J., aged 33 years.

Dr. Ford was born in Newark; graduated from St. Francis Xavier's College and the College of Physicians and Surgeons, N. Y. City; he became an intern at the City Hospital and remained there until his health gave way and he went to Saranac, N. Y. After regaining his health he joined the staff of the Gabriels Sanatorium near Saranac. He subsequently went to the Gaylord Farm at Wallingford, Conn., and from there to the Loomis Sanatorium, where he became chief of the sanatorium staff. He was a member of the Essex County Society and the Medical Society of New Jersey.

GARDINER.—At Atlantic City, N. J., October 18, 1918, Dr. William G. Gardiner, aged 50 years.

HAMMOND.—At Camp Lee, Va., October 10, 1918, Dr. Ralph L. Hammond of Ridgewood, N. J., aged 26 years.

KOCH.—In Paterson, N. J., October 19, 1918, Dr. George J. Koch, aged 35 years. Dr. Koch graduated from the College of Physicians and Surgeons, Baltimore, Md., in 1905. He was a member of the Passaic County and State Medical Societies and a Fellow of the American Medical Association.

LE BRET.—At Overbrook Hospital, October 17, 1918, Dr. Gerard Le Bret, one of the physicians at the Essex County Hospital. He contracted influenza a few days before and died from pneumonia. He joined the M. R. C. a month before and expected assignment to duty soon. He was born in Jersey City in 1886; graduated in medicine from the University of Maryland Medical School in 1913. Specializing in brain diseases he entered a sanatorium in Paterson, later one in Stamford, Conn., and became a member of the Overbrook Hospital staff in September, 1917.

PECK.—At Caldwell, N. J., November 22, 1918, Dr. Edward E. Peck, mayor of Caldwell, aged 59 years. Dr. Peck was born in Hanover, N. J., February 15, 1859; attended the Hanover and Madison public schools; he graduated from the Bellevue Hospital Medical College, N. Y. City in 1879; served as an interne at a Jersey City hospital a short time and settled in Caldwell in 1880.

Dr. Peck had been very busy during the influenza epidemic and was himself stricken with the malady, resuming his practice about three weeks before his death. It is believed that the illness, combined with his unusual labors during the epidemic, brought on the fatal attack. He was a member of the Essex County Medical Society and the Medical Society of New Jersey. Dr. Peck was re-elected mayor of Caldwell in November.

STRASSER.—In Newark, N. J., at the home of Dr. Charles L. Ill, November 20, 1918, suddenly, Dr. August Adrian Strasser of Arlington, N. J.

Dr. Strasser was born in Jersey City in 1874; he graduated from the College of Physicians and Surgeons (Columbia) New York City, in 1896; soon after he settled in Arlington, N. J. where he continued to practice until his death. He was one of the early volunteers in the Medical Reserve Corps; was commissioned as a lieutenant and reported for service at Fort Oglethorpe, Ga., June 1, 1918.

The intense heat and strenuous activities of camp life he was unable to withstand and he returned home about a month later with an honorable discharge from the army. In addition to having a large practice, Dr. Strasser was assistant surgeon at St. Michael's Hospital, Newark; adjunct surgeon at St. James's Hospital and medical director and surgeon of Stumpf Memorial Hospital, Kearny.

Dr. Strasser was a member of the Hudson County Medical Society and of the Medical Society of New Jersey; in the latter society he had been for three years and was at the time of his death, the faithful and efficient chairman of the Committee on Publication. He was also a Fellow of the American Medical Association; a Fellow of the American College of Surgeons and the American Association of Obstetricians and Gynecologists; a member of the New York Academy of Medicine; one of the organizers of the Academy of Medicine of Northern New Jersey, which he served as president one year and since as a member of its Executive Council. He was also a trustee of the Society for the Relief of the Widows and Orphans of Medical Men of New Jersey.

(See Editorial columns.)

WARNER.—At Red Bank, N. J., September 1, 1918, Dr. William Bray Warner, aged 58 years.

Dr. Warner graduated from the New York University Medical College in 1882. He was a member of the Monmouth County and the State Medical Societies, and a Fellow of the American Medical Association.

DONOHUE.—In London, England, from influenza, Nov. 5, 1918, Mrs. Frances W. A. Donohue, wife of Dr. Lucius F. Donohue of Bayonne. Dr. Donohue is a major in the M. R. C. in charge of a base hospital in France.

Dr. Harry P. Dengler, Springfield, recently resigned as a member of the Board of Freeholders on accepting a commission as lieutenant in the M. R. C.

Dr. George L. Johnson, Morristown, lieutenant M. R. C., has taken up his duties at Fort Oglethorpe, Ga.

Dr. William H. Lawrence, Summit, who recruited Ambulance Company No. 33, has been invalided home from France and has been in a hospital suffering from stomach disease.

Dr. Stanley H. Nichols, Long Branch, is in medical service in the U. S. Navy.

Dr. Lida T. Allen, Collingswood, recently returned from Atlantic City, where she rested two weeks after overwork during the epidemic.

Dr. Thomas Dedrick, Washington, who spent a week at Camp Dix helping while the epidemic was at its height, has received a letter of thanks from Lieut.-Col. Berry. Dr. Dedrick is an Ex. U. S. Public Health Eligible and Artic Surgeon.

Drs. Richard J. McDonald, William P. Thorne and C. S. Coates, Butler, have been commissioned as lieutenants in the M. R. C., but a petition signed by a very large number of citizens was sent to the Surgeon-General, asking that they be allowed to remain in Butler, as it would leave but one physician there—Dr. T. B. Miller, if they left.

Dr. Horace M. Fooder, Williamstown, was re-elected last month as Assemblyman from Gloucester County by a plurality of about 2,000.

Dr. M. J. Fine, Newark, recently spoke in a Y. M. C. A. meeting on "Health."

Dr. H. Garrett Miller, Millville, has been appointed Food Administrator in Cumberland County.

Dr. Victor Mravlag, Elizabeth, was re-elected mayor of that city last month as an Independent Republican, over the regular Republican and Democratic candidates.

Dr. Edward H. Moore, Asbury, has reported as lieutenant at Fort Oglethorpe, Ga. His absence leaves the town without a physician.

Dr. Hugh F. Cook, Newark, captain M. R. C., recently reported at Spartanburg, S. C. A gold watch was presented to him before leaving by the members of the Washington Society of East Orange.

Dr. Mahlon C. Smalley, Gladstone, received word last month that his son had been wounded and was in a base hospital in France.

Personal Notes.

Dr. Wellington Campbell, Short Hills, was quite ill at his home last month.

Dr. William H. Lawrence Jr., Summit, major in the M. R. C., who recruited ambulance company No. 33, and was invalided home from France recently on account of illness, was given a dinner at the Highland Club November 30. Councilman Wiley presided, Mayor Franklin made an address and Alex. Cebraugh told of his war experiences.

Dr. Richard J. McDonald, Butler, recently received his commission as lieutenant, M. R. C., and reported at Fort Oglethorpe.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
California, June . . .	166	125	41
Georgia, October . . .	8	7	1
Iowa, September . . .	9	8	1
Massachusetts, May . .	52	41	12
Nebraska, June	45	44	1
Oklahoma, July	6	6	0
Rhode Island, Oct . . .	5	4	1
Texas, June	73	72	1
Virginia, June	42	37	5
Washington, July . . .	38	30	8
West Virginia, July . .	9	8	1

The Iowa State Board licensed 7 by reciprocity in July. The Georgia Board licensed 9 by reciprocity.

Public Health Items.

The total number of influenza cases in Elizabeth up to November 15, was 5,786.

Of the 140 deaths in Bridgeton during October, 104 were directly due to the epidemic, the cause of death being influenza, pneumonia or influenza and pneumonia.

Health Officer Craster of Newark recently gave his last daily report to the mayor on the influenza epidemic which showed grand totals of influenza and pneumonia cases and deaths as follows: Influenza cases, 24,890; influenza deaths, 1,114; pneumonia cases, 3,026; pneumonia deaths, 581.

The Morristown Board of Health records for October show that there were 137 deaths during the month, of which 119 were from influenza or pneumonia. There were forty-six deaths of persons between twenty and thirty years, and forty-one between thirty and forty years.

The Board of Health of Summit has appointed Dr. B. F. Wooding of Montclair health officer to succeed Dr. Henry P. Dengler, who is a lieutenant in the M. R. C.

Gloucester, N. J., Death Rate.—The monthly report of the city clerk shows that there were 125 deaths and 3 births in October. The death rate due to the influenza epidemic was the highest of that month in the history of the city.

More Deaths Due to Influenza Than War.

According to the report of the Bureau of Public Health, Washington, D. C., November 18, approximately 78,000 deaths were caused by the influenza epidemic in forty-six principal cities of the United States in the period from September 8 to November 9, according to an estimate announced by the Bureau of Public Health. The announcement says the deaths resulting from the epidemic greatly outnumbered the deaths among American troops abroad, while the deaths caused by influenza and pneumonia in the camps and cantonments in this country were nearly equal to the number of Americans killed in action in France.

The general trend of the epidemic in the United States was from east to west, the announcement adds. Philadelphia suffered the greatest mortality resulting from the epidemic, with Baltimore second, the respective death rates of the two cities being 7.4 and 6.7 per thousand.

The Alcohol Problem and Venereal Disease.

Surgeon General Rupert Blue, chairman of Committee on Hygiene and Sanitation, in a recent report, said:

Realizing the relation of the alcohol problem to venereal disease, the committee on hygiene and sanitation, in April, 1917, recommended to the War and Navy Departments that the zones around camps and cantonments be placed under military control in order to protect the troops from venereal infections, and the action of the War and Navy Departments in prohibiting the sale of alcoholic beverages

within the camps and extra-cantonment zones was emphatically indorsed. A subcommittee on venereal diseases was appointed, which has been of material assistance to the Surgeon-General's Office of the Army and to the Commissions on Training Camp Activities. The work of this subcommittee has expanded, and it has become the general committee now called the committee for civilian co-operation in combating venereal diseases. Its activities are detailed under that head. Its work has been of tremendous importance to the welfare of the Army and Navy and to the civilian population at large.

The committee on hygiene and sanitation also has subcommittees on drug addition, alcoholic control, public health nursing, tuberculosis, and health statistics. Much valuable information has been assembled, and many valuable recommendations as sanitary measures have been made, these subcommittees at all times co-operating with the Army, Navy, Public Health Service, American Red Cross, and civilian health agencies.

Health Organization and Administration in Rural Districts.—If I were asked the question: "What one step would be of the most importance in the final creation of an adequate public health organization and administration in rural districts?" I should say—the creation of a public health consciousness in rural districts through the education of country boys and girls. If I had my way, I would take Professor Sedgwick from the faculty of the Massachusetts Agricultural College at Amherst and require him to teach public health and biology as a regularly prescribed course; and I would make it sufficiently attractive for Dr. Rosenau to resign his position at the Harvard Medical School and accept a like position on the agricultural school faculty at the University of Maine. In other words, I would appoint on all the agricultural school faculties throughout the United States first-class experts and teachers to teach the subjects of preventive medicine and public health as required courses, and to supervise extension work in these subjects. I would expect the agricultural school boy who is to return to the country life to learn as much about the human body and its diseases, and the methods of public sanitation, as he or she learns about the care and breeding of hogs, the raising of corn and wheat, and the scientific fertilization of the soil. These leaders would return to their respective home communities and plant the necessary seeds which would result in a ripe harvest of public health opinion and adequate organization and administration in rural districts. Furthermore, matters pertaining to personal and public health should be taught to the rural population in general through the agency of the extension divisions of our universities. It is high time for less discussion in Boston and other cities of rural health administration, and for more discussion in Podunk and other country communities of rural health problems and administration!—L. D. Bristol, State Health Commissioner of Maine.

France the Pioneer of Child Welfare Work.—Within the past few generations, we find that modern child welfare work, as we know it at

the present time, has all started in Europe. France has had a declining birth rate for many years and to France we owe every child welfare movement we have, from its inception of school medical inspection in 1842 to the establishment of the first infant milk stations in 1890. All legislation for the protection and help of expectant mothers, including the feeding of children and of pregnant women, the day nursery, indeed, practically everything that we know of that is modern in child welfare work started in France, and not because of humanitarian impulses, but because it was absolutely necessary for France to keep alive and well every child born in that country.—Josephine Baker, M. D., Health News, New York.

Contrasting Casualty Lists.—The Health Bulletin, State Board of Health of North Carolina, has adopted the unique experiment of printing in its Health Bulletin the names of the boys from that State who have been killed or wounded in France and comparing it with lists of those killed at home by typhoid fever, those severely injured in the performance of duty, and those seriously injured through carelessness or ignorance in their home State. It is shown that in France, for this year up to August 1, eighty-six "Tar Heels" have given up their lives or have been wounded in battle. During the same period 1,379 citizens of the State have needlessly given their lives or suffered weeks of illness because of typhoid fever. The eighty-six who died or were wounded in France were in the performance of duty. The 1,379 who died or suffered in North Carolina from typhoid fever died or suffered from an absolutely preventable disease.

Preventing Spread of Pneumonia.

Dr. Walter H. Brown, health officer of Bridgeport, Conn., gives the following excellent paper in the Bulletin of the Bridgeport Dept. of Health:

Pneumonia is the largest single cause of death in Bridgeport. Since Jan. 1, 1917, it has accounted for 397 deaths. This disease is of two kinds; one of which is communicable in precisely the same manner as tuberculosis. Therefore, measures should be taken at once to reduce the mortality from this cause. The department of health has planned to take some active steps toward preventing the communicable form of pneumonia.

The first step in controlling disease is to know when, where and under what circumstances the disease is occurring. In order to obtain this information, the department will require the physicians of the city to report all cases of the communicable form of pneumonia. This does not mean that the patients will be quarantined like a case of smallpox. It does mean that the proper precautions will be observed to prevent the disease from spreading.

The communicable form of pneumonia is a germ borne disease. It is caused by a particular family of germs consisting of four members. These germs are known as Type I, II, III, IV. The first two are responsible for the majority of cases of lobar pneumonia.

The pneumonia germs live and grow in the secretions of the nose and throat and lungs of the human body. It is found particularly in the sputum of those suffering from the dis-

ease. It is frequently found in those who are caring for the sick person and it may be found in the dust of the room where the sick person is confined. In order then, to "catch" pneumonia you must get some of these germs from one of these places into your nose or mouth.

Pneumonia can be prevented in three ways:

1. Disinfection.—Killing the germs at the bedside of the sick person.

2. Personal Hygiene.—Keeping the germs out of your system.

3. Proper Living.—Keeping your body in good condition.

1. Disinfection.—This is first and foremost the duty of the physician, nurse and the department of health. The physician should see that proper instructions are given for the disinfection of all the discharges of the sick person at the bedside. The nurse should see that these orders are carried out and the department of health should see that the careless or incorrigible cases are placed under proper isolation. When the discharges from the bodies of every case of communicable disease are thoroughly disinfected at the bedside, the department of health can repeal its communicable disease regulations.

2. Personal Hygiene.—Keep the germs out of your body. Do this by keeping away from persons ill with pneumonia and keeping your hands clean. Unless compelled to care for the sick person you have no business to come in contact with them. Clean hands are more important than a pure heart in the prevention of pneumonia. In these days, we cannot help touching things that have been handled by others. Numerous articles are soiled by human discharges. Therefore, keep your fingers out of your mouth and wash your hands carefully before eating. Keep out of dusty, poorly ventilated places. Avoid the chronic—"cougher," "sneezer" and "spitter!"

3. Proper Living.—Keep your body in good condition. The human system will handle the majority of infections if we treat it right. Germs only overcome our bodies when bodily resistance is below par, or as we say—we are "run down." You can beat the pneumonia "bug" if you:

1. Eat sensibly; 2. Drink no alcoholic beverages; 3. Sleep and work in clean, pure air; 4. Dress seasonably; 5. Exercise sufficiently.

Pneumonia is the largest single cause of death in Bridgeport. The latest studies of the cause of this disease have shown that lobar pneumonia is a definitely communicable disease. Further, that the causative organisms fall into four types. Workers in the Rockefeller Institute have not only devised a laboratory method for determining which type of organism is present, but also have discovered an effective curative serum. The laboratory is now prepared to make diagnosis for physicians and in cases where patients are unable to pay, will furnish serum in selected cases. The details of this service will be presented to you by means of a personal letter.

The preparation of autogenous vaccines has become a valuable tool in the hands of physicians. Specimens for the preparation of such vaccines can be brought to the laboratory and the vaccine secured in forty-eight hours. The bacteriologist will be glad to confer with any physicians on the detail of this service.

Medico-Legal Items.

Expert Testimony.—Subjective and Objective Symptoms.—In an accident for personal injuries received in a street railroad collision it was held that a physician who has examined the patient (so far after the accident that his statement to the physician cannot be said to be a part of the *res gestae*) for the purpose of testifying as an expert, can base his opinion as such on statements made to him by the patient at the time and on an examination into the physical condition of the patient from an objective standpoint, or, in other words, base his opinion on the subjective, together with the objective, symptoms of the patient, relying on the history of the case, including the fact of the accident as the main circumstances upon which he came to his conclusion. The opinion of the expert, based in part on such statements, that the plaintiff was suffering from the form of neurasthenia known as "railroad brain or railroad spine" was therefore properly admissible in evidence.—*St. Louis & S. F. R. Co. v. McFall*, Oklahoma Supreme Court, 163 Pac. 269.

Insufficient Evidence of Malpractice in Setting Broken Leg.—In an action for alleged malpractice of a physician in improperly setting a broken leg the plaintiff stated the grounds of negligence with great particularity, but did not state that the defendant failed to give him the necessary constitutional treatment to aid a union of the bones. It was therefore held that such proposition must be eliminated from the case. The following rulings were also made: As a general rule, in matters requiring special skill or training, it is not permissible for laymen as non-experts to set up any artificial standards as to methods of treatment, and this is especially true in surgery. The mere fact that a surgeon, in setting a broken bone, failed to use the x-ray does not establish negligence; as the bone in some cases could promptly be set without the aid of this apparatus. To render a surgeon liable for the shortening of a limb, for pain and suffering and loss of time, it must be shown that such results were proximately caused by his lack of care in setting the broken bones. The plaintiff was held properly denied the right to show how long he was disabled by reason of a former fracture of a different bone, where the fractures were not similar in kind or nature. The evidence was held insufficient to show negligence in setting the broken bones or in the subsequent operations designed to aid the bones to form a union.—*Sneary v. McCarthy*, Iowa Supreme Court, 161 N. W. 108.

Practice of Medicine Without a License.—An information following the language of the Missouri statute prohibiting the practice of medicine and treatment of sick, etc., without a license, charging that without license from the State Board of Health the defendant represented himself as authorized to practice medicine and surgery and to treat the sick and others afflicted with bodily and mental infirmities by offering to treat a certain person for ovarian disorders for a certain sum paid to him contrary to the form of the statute, etc., was sufficient. There was evidence that the defendant held himself out as being au-

thorized to treat the sick, or those afflicted with bodily or mental infirmities; that he maintained an office near the entrance to which was a large sign in the following language, viz.: "Evertz School of Suggestion. Oscar Evertz, S. D. Suggestionist. Treatment. Instruction"; that he circulated advertising matter concerning his method of treatment which is said to have been that of "auto-suggestion," and that he offered to treat the witness, Lennor Howes, in consideration of the sum of \$45 to be paid to him in advance, and it was conceded that he was not a licensed physician. It was held that a violation of the statute was shown by this evidence.—*State v. Evertz* (Mo.) 202 S. W. 616.

Insanity Defense.—Questions to Medical Expert.—On a trial for murder where practically the only defense was insanity objection was made to a question asked of a medical expert on cross examination: "Did you ever see a criminal who had an expressionless face?" The doctor had testified fully as to the appearance of the defendant, the condition of his skull, and had been examined in regard to his history and that of his antecedents. It was held that no harm was done by asking him if he had ever seen a criminal who had an expressionless face, as he answered "Yes." It was true that counsel should not have asked him the question, "If they had a family history of crimes and the grandfather had been a drunkard and epilepsy ran in the blood, and they had criminal tendencies, bank robbers, shooters, or what nots, and these descendants of such a race, when you come on down with them, you would find these fellows in the pen, wouldn't you?" The court did not think, however, that in the mass of evidence that was before it this mere question would have stood out and prejudiced the jury against the defendant, especially as the doctor answered that criminal tendencies were not inherited. An assignment of error objected to the question, "You all get mad out there on the farm sometimes, don't you?" It was claimed that the question had no bearing on the case. The court said that it probably had not, but it could hardly have been any more prejudicial than if the witness had been asked if he like all other men was not a miserable sinner.—*State v. Mueller*, North Dakota Supreme Court, 168 N. W. 66.

BOOK REVIEWS.

An Inquiry into the Principles of Treatment of Broken Limbs. A philosophic, surgical essay, with surgical notes by William F. Fluhrer, M. D., Consulting Surgeon to Bellevue and Mount Sinai Hospitals, N. Y. Published by Rebman Company.

A review of the above work reveals very clearly a comprehensive, clear, thorough and practical treatment of fractures. It brings one intimately in contact with details that are so often forgotten or too much trouble to carry out in the treatment of fractures.

The presentation of the subject is good and holds one's interest and stimulates one to better work in this line and has a place in the work of all surgeons, doing active fracture work.
L. W. Bagg.

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